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ABSTRACT

This report presents an assessment of Department of Health, Education, and Welfare (DHEW) services delivery to American Samoans residing in California, Hawaii, and American Samoa. The evaluation includes analyses of human services needs, resources, and delivery. The effectiveness of human services delivery was assessed using interviews with Samoan households and with DHEW-funded service providers in the geographic locations. Findings indicated that American Samoans constitute a population facing severe constraints in attaining an acceptable standard of living. Survey results also showed that service providers have encountered substantial problems in identifying and responding to the needs of potential Samoan clients. Findings in terms of effectiveness of service delivery were mixed, varying significantly by program area. Recommendations and tables of data are included. (MK)

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ASSESSMENT OF HEW SERVICES DELIVERY TO AMERICAN SAMOANS

Contract C-9-77-0008

Prepared for:

U.S. Department of Health, Education and Welfare
50 United Nations Plaza
San Francisco, California 94102

Prepared by:

MKGK Incorporated
222 Columbus Avenue, Suite 300
San Francisco, California 94133

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FOREWORD

This document represents the Final Report of an Assessment of HEW Services Delivery to American Samoans, conducted for the U.S. Department of Health, Education, and Welfare (Region IX) by MKGK Incorporated of San Francisco, California. The project involved an analysis of the effectiveness of human services delivery to American Samoans residing in California, Hawaii and American Samoa, based upon interviews with Samoan households and HEW-funded service providers in these geographic locations.

Comments or questions regarding the contents of this report are welcome, and should be directed to Mr. Wayne Wilson, Director, Office of Service Delivery Assessment, U.S. Department of Health, Education and Welfare, Region IX, 50 United Nations Plaza, San Francisco, California 94102.

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Section 1

INTRODUCTION

MKGK

1. INTRODUCTION

This report documents the results of an analysis of the effectiveness of HEW programs for the delivery of human services to American Samoans residing in California, Hawaii, and American Samoa. The project was sponsored by the U.S. Department of Health, Education, and Welfare through the Region IX Office, which has been delegated responsibility for Departmental initiatives in the Pacific Trust Territories. A research consulting firm headquartered in San Francisco -- MKGK Incorporated -- was awarded a contract to conduct the service delivery assessment in the fall of 1977. MKGK had overall responsibility for the research effort, with data collection support and cultural consultation provided by subcontractors located in each site, as follows: the Office of the Governor of the State of Hawaii; the Office of Samoan Affairs of California; and the Office of the Governor of American Samoa.

The project was undertaken as part of the Regional Office's service delivery assessment program. American Samoans were specified as a primary target group for assessment because of the widespread lack of information on the extent to which extant HEW programs are appropriate for, and being delivered to, this population. Although American Samoans have immigrated to the United States in increasing numbers during the past decade, and there is substantial evidence that they encounter enormous problems in cultural adaptation, virtually

nothing was known about the extent to which HEW-sponsored human service delivery systems were effective in ameliorating their social problems. Therefore, HEW initiated this research effort so as to generate information to support on-going policy and program analysis activities within the Department.

This Chapter presents a general overview of the background, objectives, and conceptual approach of the evaluation effort. Subsequent chapters present the findings of the study, as well as recommendations for HEW actions.

1.1. Background and Problem Statement

American Samoa is an unincorporated U.S. territory acquired at the turn of the century through cessions of Samoan tribal chiefs. The territory -- located 2,300 miles southwest of Hawaii and 1,600 miles northeast of New Zealand -- consists of the six tropical islands of the Samoan group, plus Swains Island. Less than one hundred miles to the west are the larger and more populous islands of Western Samoa, an independent nation formerly governed by New Zealand.

American authority resides in the Secretary of the Interior, as delegated by President Truman in 1951, prior to which time the affairs of the territory were administered by the Department of the Navy. The Government of American Samoa (ASG) is an American-styled system with three branches and a bicameral

legislature, represented through a Delegate-at-Large to Washington, an office created in 1970. In November, 1977, the territory held its first popular election for governor. Under territorial statutes, individual Samoans are U.S. nationals, and are therefore permitted unrestricted entry into the U.S. and may become citizens after satisfying residency requirements. In recent years, Samoan families and individuals have migrated to the United States in increasing numbers; in fact, it has been estimated that there are now more Samoans residing in southern California alone than in American Samoa itself. To be sure, this high level of migration from the territory has stemmed from sweeping social, economic, and cultural changes in American Samoa, as well as from expectations based on distorted perceptions of western lifestyles, much of which has been promulgated by the relatively recent satellite transmission of American television programs. However, these Samoan migrants have encountered tremendous social problems in the process of cultural and personal adaptation to American values, behavior, and goals.

As regards changes in American Samoa which have encouraged out-migration of Samoan families, the Government of American Samoa has, for the past fifteen years or so, focused many of its efforts on the transformation of the Samoan economy from subsistence agriculture to a money economy, with special emphasis on the expansion and diversification of the economic

base. Such efforts have not, however, been overwhelmingly successful. Implementation of government programs has encountered substantial resistance stemming from a variety of factors: a deeply-rooted communal social structure which often defies the inculcation of capitalistic values; a severely limited resource base for supporting a broadly-diversified industrial processing capacity; and an extremely unstable population characterized by high levels of out-migration to the U.S. and, in recent times, correspondingly high levels of in-migration of Western Samoans and Tongans. At the same time, the changing economic and political systems have had tremendous impact upon the Samoan socio-cultural system: traditional Samoan values and authority have been diffused as a result of new educational programs, conversion to a cash economy, increasing demand for imported convenience goods, and exposure to other values and customs through the media, tourists and returning relatives. As a result, there are new challenges arising from the increased formation of nuclear families and values emphasizing individual achievement; where the authority of the matais (chief of the extended family, or aiga) has broken down, as has been reported with increasing frequency by some observers, more government intervention has been required to resolve the resultant social problems (especially crime) which have traditionally been handled within the Samoan aiga. Moreover, these sociocultural impacts have been

borne at the expense of developing an economic base of which no more than one-third is currently supported by private enterprise.

The extremely high rate of Samoan relocation to the United States has, therefore, resulted from economic, political, social and cultural turmoil, the effects of which appear to remain with Samoan families long after relocation. Evidence of the tremendous problems faced by Samoans relocating to the U.S. is all too clear: more than half of the Samoan families in one study[1] reported that their children encountered substantial difficulty in school, usually with language problems; Samoan children have the lowest educational performance of any ethnic group in Los Angeles; 61 percent of the Samoan work force has been unemployed for three years; Samoans constitute 1-2 percent of Hawaii's population, but account for 5 percent of welfare recipients, 7 percent of public housing occupants, and 24 percent of all persons arrested for murder;[2] nearly half of the Samoan families have never had a dental examination; and slightly more than 70 percent of the Samoan families with self-perceived social needs did not seek help because they did not know where to go.[3]

The difficulties associated with adaptation of the Samoan sociocultural system as a consequence of large-scale relocation appear to be exacerbated by certain characteristics of the

Samoan culture itself. For example, under the traditional fa'a Samoa pattern, the social and economic system is communal in nature, supported by a well-defined delineation of responsibility and authority. Economic well-being is a consequence of social dependency through the matai system which is formed around the aiga, or extended family structure. The first problems often encountered by Samoans relocating to the United States are economic -- i.e., how does one survive in a cash economy? Because there is no personal property orientation among Samoans, the aggregation of wealth is a difficult and elusive goal among Samoan families in the U.S. Therefore, a relocated family is faced not only with a lack of marketable skills, a tremendous language barrier, and an inadequate understanding of the capital formation process, but is also absent the social structure and interdependency relationships which had previously guaranteed economic well-being.

The Hawaiian context -- with its rich variety of relocated ethnic groups -- provides an interesting perspective on this problem. Observers have noted that families relocating from cultures having a personal property orientation (e.g., the Philippines or Korea) achieve economic assimilation within one generation, whereas those from communal societies (e.g., Samoa or Micronesia) encounter economic problems for many years. The cultural conversion is obviously complicated by

the fact that the western economic system is complex, relatively anonymous, and dependent on the flow of money, whereas Samoans have relied upon a simple, highly personalized system of barter transactions.

Many changes occurring within the Samoan culture itself appear to complicate the relocation process: extended family relationships are declining with the growth of nuclear family households; the village as a unitary social structure is giving way to a decentralized system requiring individual initiative and responsibility; a communal, subsistence economic system is shifting towards a monetary capitalistic, consumption-oriented context; the homogeneous cultural setting based upon stable processes of social development is yielding to a diverse, heterogeneous setting relying upon anonymous formal institutions for individual social development; and small-scale social organizations are accommodating to a complex and highly technological society based on personal autonomy, individual achievement, and personal property.

Those skills which might facilitate such a transformation are not well-developed by Samoans. For example, the notion of "career aspirations" is virtually non-existent among members of a social system wherein individual achievement is not rewarded. Thus, besides the lack of marketable skills which

might permit a migrant to obtain employment, the lack of social emphasis on personal achievement ultimately contributes to severe problems in the retention of those jobs which are obtained.

There are few social inventions which facilitate the transition from one cultural setting to another. The individual or family usually face very fundamental problems in a new setting, particularly those of survival. The conduct of business and individual social development is not routine for new arrivals; they must learn a new set of survival skills, and those previously in authority may no longer "deliver." Therefore, the acquisition of those skills required for cultural assimilation may involve dismantling existing institutions and establishment of new leaders.

In the United States, the vacuum -- of inadequate survival skills, insufficient institutional support, inappropriate sociocultural characteristics, etc., -- faced by Samoan migrants may be partially filled by those programs established to address extant social problems among the population. Many of these programs are funded by the U.S. Department of Health, Education, and Welfare (HEW), and implemented through local public service deliverers. The potential impacts of these human service programs on a migrant population are, however, dependent upon many factors, such as: the extent to which the

services offered are appropriate to the needs of the potential recipient; the general awareness of, and perceived benefit from, those programs among the target population; the degree to which the service delivery system is flexible enough to accommodate changes necessary to serve that population; and the responsiveness of the policy-making mechanism to changes in services demand, funding allocations, and service priorities. In view of the enormous cultural changes occurring among Samoans, their high levels of migration to the United States, and the paucity of information available regarding their human service needs, HEW determined a need for an evaluation of the impact and effectiveness of human service delivery to American Samoans residing in Samoa, Hawaii, and California.

1.2. Project Objectives

The overall goal of the project was to evaluate the effectiveness of HEW services delivery to American Samoans in California, Hawaii and American Samoa. To achieve the overall goal, the work plan was structured to address the following specific objectives:

- to determine the human service needs of American Samoans in terms of health, education, employment, income maintenance, and social services;
- to inventory and analyze the human service resources available to American Samoans from HEW and other sources;

- to determine the extent and nature of the effectiveness of services delivery to American Samoans in terms of current service utilization, recipient eligibility, barriers to participation, and barriers to provision;
- to identify and analyze gaps and/or overlaps in services delivery to American Samoans; and
- to develop feasible and appropriate recommendations for enhancing the effectiveness of HEW human services delivery to American Samoans.

Based on these specific objectives, a Research Design was prepared detailing the conceptual approach applied in data collection and analysis.

1.3. Conceptual Approach and Methodology

Through a review of existing documentation, interviews with HEW personnel, providers knowledgeable about Samoans, Samoan contractors, and the experiences of the project team in conducting related research, eight basic evaluation issues were delineated:

- services demand;
- program availability;
- recipient eligibility;
- service utilization;
- barriers to service provision;
- barriers to service utilization;
- impact of service delivery; and
- gaps/overlaps in service delivery.

Services demand was concerned with the identification of the human services needs of the target population, and therefore constituted the "demand side" of a comparative analysis process which generated recommendations for improving existing human services delivery systems. The process for determining human service needs was relatively straightforward; first, program categories of service needs were postulated, such as education, health, social service, etc. Within each category, indicators of, or surrogates for, need were then defined. Information was then collected which permitted analysis of these indicators or surrogates by category.

The analysis of services demand among the Samoan target population was designed to address the following issues:

- what is the nature and extent of need for human services demand, as determined by indicators of need by program area?
- what is the behavioral impact of this need, i.e., what specific effects does the presence of a given program need have upon the target population?
- what are the causal factors which appear to result in the need for human service, and how long have these factors been operational?
- to what extent do the respondents recognize these needs, and what is the perceived priority of the various needs?
- what efforts have been made to resolve these existing needs, and what was the outcome?

- what are the perceptions of key influentials and client subgroups within the Samoan community regarding the existence and relative priority of the various service needs?

Comprehensive answers to these questions were useful in determining specific recommendations to improve existing, or to develop new, human service delivery systems. The needs analysis was, therefore, a critical part of the evaluation research, since it served to define the scope and nature of the existing demand for human services.

An important component of the services demand determination was the development of a data base on the demographic and distributional characteristics of the target population; these kinds of data were useful in defining the causal factors identified above. For example, the extremely large average family size characteristic of the Samoan community was undoubtedly an exacerbating factor in their need for human services. Also, the relative priority of human service needs, as perceived both by members of the target population and by community leaders, was important; such priorities were useful in assessing the allocation of public resources to various programs and delivery systems in terms of the degree to which the existing allocation reflected need priorities.

Program availability was related to the dtermination of the "supply side" of the comparative analysis process, and was

concerned with specifying the configuration of the existing service delivery system. Several program areas were assessed -- including those in health, education, social services, and income maintenance. In each area, an analysis of program availability was conducted to determine:

- what specific programs are currently available, who is the administering agency, and what is the funding level?
- what service delivery modes are used in each program, and what agencies actually deliver services?
- where are the services located, and how does the distribution of providers compare with that of the target population?
- what procedures are required of a potential client in obtaining service from the deliverers, and to what extent are members of the Samoan community able to respond to these procedures?
- what is the current client load of the providers, and what are the characteristics of their client populations?
- to what extent has the provider made any special effort to identify and/or respond to the needs of the Samoan community?
- what future plans are contemplated which may affect the delivery of services to the Samoan community?

Answers to these questions would enable the preparation of a comprehensive resource inventory of the human service delivery systems in those program areas of concern. By developing such a comprehensive inventory, the analysis would be able to identify those characteristics of the existing delivery of services to the Samoan community, and then to develop recommendations for improving the resources.

Recipient eligibility addressed the requirements of each program to determine the extent to which potential recipients in the Samoan community could take advantage of the services delivered. The following issues were included:

- what is the statutory authority for the programs provided in each area?
- what specific eligibility requirements are included, such as those related to income, residency, location, age, etc?
- what procedures must potential clients go through to demonstrate compliance with existing eligibility requirements?
- are any additional requirements placed on service eligibility or delivery by the provider?
- is there a fee structure associated with the service; if so, what are its characteristics?
- how do existing eligibility requirements affect the potential provision of services to the Samoan community?

In effect, the recipient eligibility determination permitted the definition of the various subsets of eligible service recipients from the Samoan community associated with each program. Also, the impacts of the eligibility requirements on the delivery of services to Samoan families having need of such services could be determined, ultimately useful in preparing recommendations for delivery system improvements.

Service utilization defined past and current experiences of members of the Samoan community in receiving services. The following issues were pertinent:

- to what extent are Samoan respondents aware and knowledgeable of the human services available under various programs?
- what attempts have been made by Samoan respondents to take advantage of the human services, and with what result?
- for those Samoans actually receiving services, what were their experiences in the delivery process; what perceptions do they have regarding their utilization; and what was the outcome of their participation?
- what providers have delivered services to Samoans, and what are their experiences and perceptions?
- how do the characteristics of Samoan service recipients compare with those of the Samoan community as a whole?
- what special efforts have been made by the providers to increase service utilization in the Samoan community (e.g., outreach)?
- to what extent do Samoan recipients of human services believe that their needs were resolved, and would they return for these services again?

Answers to these questions provided an experiential data base which was extremely important in the evaluation. This information was used to determine the degree to which available services have been used by Samoans, the results of those services, and whether those services currently included in the human service delivery systems are responding to the needs of the Samoan community.

Barriers to service provision was concerned with identifying those factors which negatively affect the provision of human services to the Samoan community. The following issues were included:

- what are the perceptions of service providers regarding barriers to the provision of services to the Samoan community?
- to what extent do administrative procedures, service priorities, procedures and location of delivery, and other factors appear to constrain the delivery of human services to Samoans?
- to what extent would existing providers be willing to make special efforts to serve the Samoan community; what factors would constrain such efforts?
- to what extent could services provision to Samoans be improved by changes in eligibility requirements, service procedures, or other components; would providers be able to make such changes?
- are there any future plans by program sponsors or service providers to alter the delivery system in ways that would affect the provision of services to Samoans?
- what are the perceptions of Samoan community leaders and subgroups of the Samoan population regarding barriers to the provision of human services to the Samoan community?
- what external factors appear to constrain the delivery of human services to Samoans, such as resource allocations, service priorities, statutory requirements, etc?

The identification of barriers to service delivery to the Samoan community provided an excellent mechanism to evaluate the feasibility and appropriateness of various

recommendations for ways to improve the existing delivery system. This evaluation process was designed to define those factors which inhibit services provision, and to determine the extent to which these factors could be altered within existing resource or other external constraints.

Barriers to service utilization were included to assess the degree to which existing human services delivery systems did not adequately respond to the needs of the Samoan community. Therefore, during this part of the analysis, the following issues were addressed:

- for those Samoan respondents aware of the availability of human services, why have they not taken advantage of those services?
- for Samoan service recipients who do not indicate a willingness to receive services again, what reasons do they give?
- does a comparison of the characteristics of Samoan service recipients with those of the Samoan community as a whole and with those persons having a need for service indicate any bias with respect to services utilization?
- what are the perceptions of Samoan community leaders and subgroups of the Samoan population regarding barriers to the utilization of human services?
- for those providers which have instituted special efforts to extend services to the Samoan community, what was the impact of such efforts on service utilization?
- what external factors (e.g., cultural, spatial proximity, language) are reported by respondents as negatively affecting service utilization?

The information obtained from an analysis of barriers to service delivery was applied to generating recommendations for delivery system improvements. Given the availability of services to eligible Samoans who have a need for such services, the extent to which their utilization was was constrained was an extremely important part of the evaluation process.

Impact of service delivery was concerned with the actual impacts that the delivery of human services has on the Samoan client population. In determining the impact of services delivery, the following issues were important:

- for those Samoans receiving human services, what were the actual behavioral impacts of the services delivered?
- to what extent do Samoan service recipients report that their needs/problems have been resolved?
- what are the perceptions of providers regarding the "success" of Samoan service recipients as compared with all other recipients?
- what long-range effects of services utilization have been reported by Samoan recipients?
- what are the expectations of Samoans not utilizing existing services regarding program impact, and how do these compare with impacts actually reported?
- what are the perceptions of Samoan community leaders and subgroups of the Samoan population regarding the impacts of human services delivery?
- to what extent do Samoan service recipients attribute behavioral impacts to the utilization of human services?

This information facilitated the identification of both successful and unsuccessful provider/client encounters, useful in defining those characteristics of services delivery which both positively and negatively affected impact. Also, the extent to which the delivery of human services did not have impact on the client population, or had only a short-term effect, was another indicator of the effectiveness of the existing human services delivery system.

Gaps/overlaps in service delivery stemmed from a comparison of human service needs with human service resources. This comparative analysis was extremely useful in identifying ways in which improvements could be made to human services delivery in the target areas, and was therefore the evaluation component from which many of the recommendations were generated. The following issues were included:

- to what extent does the provision of human services in each program category reflect service needs in the Samoan community; what gaps and/or overlaps by program function are discernible?
- does the spatial distribution of providers parallel the geographic locations of those portions of the Samoan community in need of such services?
- to what extent are the human service needs of special subgroups of the Samoan community (e.g., youth, elderly, etc.) being addressed by the existing service delivery system?

- what coordinative or integrative mechanisms currently exist in services delivery systems which enhance the effectiveness of the provision of human services to the American Samoans?
- based on available projections of human service needs and resources, what critical gaps and/or overlaps can be anticipated over the next five years?
- what are the perceptions of service providers concerning the existence of, and methods for resolving, current delivery system gaps/overlaps?
- what are the perceptions of Samoan community leaders and subgroups regarding existing human service delivery gaps/overlaps?
- what external factors (e.g., funding, service providers, etc.) appear to affect the existence of service delivery gaps/overlaps?
- to what extent do Samoan service recipients report that service providers were unable to respond to their human service needs in specific areas?

Data requirements were then derived from the detailed list of evaluation issues, with information to be collected from two primary sources: Samoan households and service providers. The Research Design specified a sample of 600 households -- 200 each in American Samoa, Hawaii, and California -- selected randomly from master lists compiled by the subcontractors in each site. The representativeness of the sampling frame presented a difficult methodological problem, since there were no listings of Samoan households in any of the three sites and the spatial dispersion of Samoan households in Hawaii and California precluded geographic stratification. Therefore,

the subcontractors compiled master lists of Samoans from secondary sources (such as school records, welfare lists, church membership rolls, and the like), from which the samples were randomly selected. As a result, the representativeness of the individual samples was completely dependent upon the comprehensiveness of the master lists. In American Samoa and California, these lists were thought to be quite inclusive: in Samoa, the master list was developed from a recent census of Samoan households sponsored by ASG, and the sample was stratified by geographic location (using six regional categories) for random selection. In California, master lists were prepared separately for the San Francisco Bay Area and the Los Angeles Metropolitan Area from secondary sources, and samples of 100 households were selected randomly from each list. In Hawaii, however, the initial master list was biased due to the use of welfare rolls for demarcating Samoan households; this error was not discovered until most of the interviews were completed. As a partial solution, a new master list was prepared from secondary data sources, and another sample drawn for interviewing. These two Hawaii samples were then treated separately during the analysis of the data base; where significant differences in the data from the two samples were found, those differences were retained in the analysis and are noted in this report. Otherwise, the Hawaii samples were combined, resulting in a 20 percent oversampling in Hawaii.

Service providers were selected from a master list maintained by HEW; a total of 100 providers were specified for interviewing (40 each in Hawaii and California and 20 in American Samoa). In California, no sampling problems arose -- 20 service providers in both Northern and Southern California were selected. In Hawaii and Samoa, however, the full sample quotas were not reached because of inconsistencies in the master lists and difficulties encountered in locating service providers (especially in American Samoa).

The collection of information from Samoan households was accomplished through the application of modularized, interviewer-administered questionnaires designed by the prime contractor. Each instrument included both English and Samoan versions of the questions and response categories, and respondents were free to choose their preferred version. Interviewers were selected and managed by the subcontractor in each site, although the prime contractor conducted training sessions for the interviewers and closely monitored their performance. The Samoan household questionnaires were designed for face-to-face administration to a single "head of household," defined as the recognized household head using traditional Samoan social principles.

The service provider interviews also relied upon modularized instrumentation designed for either telephone or face-to-face

administration. The respondent was usually the director of the agency or that person most knowledgeable of the services delivered to Samoans.

Completed questionnaires were field edited by the subcontractors and then transferred to San Francisco for coding, manual editing, keypunching, verification, and entry onto electronic data processing equipment. Following creation of initial work files, SPSS (Statistical Package for the Social Sciences) software was applied to the data base to generate frequency distributions for all variables and cross-tabulations for selected key variables. These outputs were then analyzed by the project team, with major findings and interpretations generated for this report.

Table 1 presents the results of the data collection effort, showing 722 completed interviews which comprise the data base. As previously noted, the service provider interviews completed in Samoa were significantly less than the original quota due to difficulties in locating funded programs and services. Also, the household interviews in Hawaii numbered more than the quota because of the sampling error previously described.

TABLE 1: HOUSEHOLD INTERVIEWS AND SERVICE PROVIDER INTERVIEWS COMPLETED BY SITE

Questionnaire Type	Total Completed Questionnaires	Questionnaires Completed by Site		
		California	Hawaii	American Samoa
Samoan Household	644	204	250**	190
Service Providers	78	52*	19	7
TOTAL	722	256	269	197

*Northern California = 25; Southern California = 27

**Primary Sample = 174; Secondary Sample = 76

1.4. Limitations of the Study

All evaluative research efforts are constrained by methodological issues which affect interpretation of the data; certainly this project is no exception. The purpose of this section is to describe sources of bias in the data base to provide the reader a basis for cautious assessment of the findings presented in this report. The major sources of bias for this project are the sampling frame, the respondent, and the interviewer.

As noted earlier, the representativeness of the samples of Samoan households and, to a lesser degree, service providers is, from a statistical point of view, rather suspect. The major issue, of course, is the absence of an exhaustive demarcation of the universe of Samoan households in all three locations. The master lists compiled at each site from secondary sources are thought to constitute a representative subset of all Samoan households (particularly in Samoa itself), but the degree to which they were representative is undeterminable. In Hawaii, the problem is more severe due to the sampling bias introduced in compiling the master list from welfare roles. However, this problem has been partially resolved through the secondary sample and separate analysis of both samples.

As regards respondent selection procedures which might have introduced bias into the data base, a number of issues require clarification. First, American Samoa has experienced a high rate of in-migration of Western Samoans in recent years. However, because of the questionable legal status of Western Samoans with immigration authorities, it was not possible to verify, with absolute certainty, that all respondents were American Samoans. Therefore, it is possible, although unlikely, that some of the 190 households interviewed in American Samoa were partially or totally composed of Western Samoans. If so, the presence of these immigrant populations might distort the responses on issues of applicant eligibility, human service need, program experiences, and the like. Also, nearly half the respondents in American Samoa were not household heads, generally due to the unavailability of the senior member of the household during normal working hours, as well as a general hesitancy among household heads in Samoa to respond to structured, recorded interviews. This relatively high proportion of non-household heads may have distorted perceptual data gathered for the analysis, although every effort was made to gather reliable information in the field.

Also, California respondents to the household interviews exhibited much higher frequencies on all variables, perhaps as a consequence of their acculturation to the constant

institutional demand for information which characterizes western lifestyles. Also, these higher frequencies may not represent a pattern of systematic bias, but may simply reflect better interviewing techniques which resulted in establishment of some rapport with the California respondents.

Similarly, respondents representing service provider agencies varied significantly in their knowledge of Samoan populations. Much of this difference was undoubtedly due to their lack of experience with these groups, although the selection of specific agency respondents may have been biased in specific contexts. For example, although every effort was made to interview the "most knowledgeable" person in each agency regarding Samoan target groups, these persons were sometimes not available during the actual interview.

As implied above, the role of the interviewer is a critical determinant of the quality of information generated from face-to-face interviews. In analyzing the Samoa questionnaires, it seems clear that the interviewers maintained a very strong posture, perhaps leading the respondents to report perceptions which may not have otherwise surfaced. The parallelism among certain variable frequencies in much of the Samoa data strongly suggests that the interviewers intervened in respondent deliberations to an inappropriate degree. Also, it seems clear that personal privacy and ethnic pride distorted responses on

questions of household income and extant social problems. This pattern was clear throughout the data base, although to a lesser degree in California.

Despite the limitations introduced by these sources of bias, this analysis certainly constitutes the most comprehensive and systematic compilation of information regarding the provision of human services to Samoan populations. Nevertheless, the reader is cautioned to carefully interpret the results presented in this report, particularly those based on perceputal data gathered in American Samoa. Special problems of interpretation are noted throughout the remaining chapters.

FOOTNOTES TO CHAPTER 1

[1]HEW, Office of Asian American Affairs, Asian American Field Study, 1973.

[2]Department of Planning and Economic Development, State of Hawaii, 1973.

[3]HEW, op. cit., p.23.

Section 2

ANALYSIS OF HUMAN SERVICE NEEDS OF THE SAMOAN POPULATION

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2. ANALYSIS OF HUMAN SERVICE NEEDS OF THE SAMOAN POPULATION

The purpose of this chapter is to present the data and findings produced by this study regarding human service needs of the Samoans located in the three geographic areas. The intent is to provide a baseline description of characteristics against which to match existing service delivery resources, in order to determine efficacy of the latter and suggest recommended actions. The material encompasses demographic and perceptual data, derived both from the survey and from a review of related studies. The order of the chapter proceeds from a presentation of findings to the data itself, in order to provide a framework for assimilation of the detailed information.

2.1. Summary of Findings

As format for interpretation and analysis of the results of the household survey and other reserach efforts, two approaches are utilized: first, a demographic profile of the "typical" American Samoan household, with variations noted by geographic location as appropriate; and second, Samoan perceptions of problems as rúbrics for interpretation and synthesis of related demographic characteristics. It should be noted that this discussion covers a wide range of conditions in the American Samoan community, without regard to the actual or potential impact of HEW programs. Roles of the latter are discussed in subsequent chapters.

2.1.1. American Samoan Household Profile

A summary description of a "typical" American Samoan household can provide a convenient, shorthand context for appreciating the interrelationships and implications of various demographic factors. The shortcomings of such an approach are readily apparent, however. Although the profile is made up of the most common attributes of a Samoan household, the specific configuration may or may not be representative. Given the hazards of stereotyping, generalizations which assume the prevalence of such a type are best avoided. Furthermore, a composite rendering of discrete characteristics sometimes suggests cause/effect interrelationships which should not be treated as conclusive absent other, complementary findings. Finally, the standard of "typical" should not be allowed to obscure the actual range and diversity of characteristics.

• California Households

Based on the most appropriate "measures of central tendency" for socio-economic characteristics, the typical American Samoan household residing in California has six members, with at least three children aged 16 years or younger. Both parents are in the home, and are themselves aged 35 years or younger. The sixth member may be a fourth child, a member of a second, related family, or a grandparent, in order of decreasing likelihood.

The gross annual income for the California household of six is approximately $13,000. This represents the income of at least two members of the household from wages, social security, welfare, and any other source. The father is employed as a laborer; the mother as a homemaker.

Both parents are American Samoans. They were born in American Samoa and migrated to the United States as teenagers, within the past 12 years. Both attended public school in the U.S., and one graduated from high school, but neither attained any education or training beyond the secondary level. Neither parent is fluent in either spoken or written English; however, the children show some greater fluency. The household has lived in its current unit for approximately four years, on a rental basis in a six room unit.

The children of school age are all enrolled in public schools; those of pre-school age are cared for by the mother. When ill to the point of requiring outside help, the family members visit a hospital clinic, utilizing either Blue Cross/Blue Shield or Medical/Medicaid to cover expenses. The family attends church at least weekly, and also participates in choir.

• Hawaii Households

The Hawaii household profile differs on a few features. The household is slightly smaller, with five members, all of whom

are related to the immediate family. Their rental unit has four rooms, and the household has moved at least once in the past five years. In the unassisted households, the gross annual income is again approximately $13,000; but of the households which are receiving welfare assistance, the income is approximately $6,720 annually. In both households, as in California, the income is based on the earnings of several household members. Employed Samoans in Hawaii are most likely service workers.

With regard to health care, the Hawaii household is insured through HMSA. When outside medical help is required, the services of a private physician are sought. Although these characteristics comprise the "average" Hawaii household, it should be noted that the Samoan community in Hawaii appears to contain two groups distinguished by their length of residency in the U.S. One-fifth of the Hawaii group has migrated within the past year, and weight the "average" on such characteristics as English fluency, level of education, income, and other items related to their lesser degree of acculturation.

• American Samoa Households

The profile of the "typical" household residing in American Samoa has eight members, comprised of at least two related families, and elderly members. Its dwelling unit has at most

two rooms, and the household has lived there more than ten years. Its annual income is approximately $4,200, and the head of household is a laborer. Of the three adults in the home, only one has more than an elementary school education. Along with the church, the village organization is a major institutional force in their lives. Household members utilize the hospital for most of their health care needs. Elderly members participate in federally-funded nutrition projects.

2.1.2. Human Service Issues

The most serious issues concerning U.S. - located American Samoan households were: inadequate educational training, lack of appropriate job skills, and language barriers. Residents of American Samoa most frequently singled out problems of insufficient income, inadequate housing, lack of organizations, and drinking/alcoholism. A wide variety of other issues also received comment. The following discussion explores the significance and implications of these issues in the context of the demographic findings.

- Inadequate Educational Training

In identifying inadequate educational training as the most critical problem affecting their community, Samoan respondents were frequently speaking from first-hand knowledge. Approximaterly one-half of the adult U.S. Samoans and two-thirds of

the adult residents of American Samoa have attained less than a high school education. The implications of such performance are manifold, most particularly in the low vocational status of Samoans, and more generally, the language barriers and differences in cultural mores by which the Samoans continue to feel constrained. It appears, however, that the interest in acquiring an adequate education is broader than specific vocational goals. The interest lies in acquiring the basic education: fluency in English speaking and writing, basic instruction in mathematics and the sciences, and knowledge and understanding of cultural concepts, both those of U.S. and Samoan culture. The role of the educational process in acquainting the Samoan with U.S. culture is perceived as particularly critical.

The youthful profile of the Samoan community heightens their interest in education. Fully one-half of the Samoan population is 16 years or younger, and most of these are school-aged. Nearly every household has a member enrolled in school. There is, therefore, the investment of a major portion of the community's human resources in the educational process. Also, education is valued for the status it confers on the individual, valued even more highly among the Samoans than the accumulation of personal wealth.

The interest in adequate educational training is expressed both in terms of the opportunities made available to youth, and adult education. Implicit is the question of accessibility of the material; whether, because of language barriers or different behavioral standards, the Samoan can effectively partake in the educational process. The school is for many the entry point, and the border, for contact between the Samoan culture and dominant U.S. culture.

It should be noted that the quality of education is of less concern to the residents of American Samoa than it is to those of Hawaii and California. Absent major challenges to acculturation in the society at large, and with an educational system which incorporates more of the traditional Samoan culture, the role of education is not as critical Nevertheless, the need was acknowledged, and can be expected to intensify as American and island cultures grow closer over time.

• Lack of Appropriate Job Skills

As a subset of the concern with educational training, the need for vocational skill building reflects the poor economic situation of the Samoans in American society. Despite the high value placed by Samoan culture on occupational status (another alternative to prestige derived from wealth), the vast majority of Samoans are classified in the lowest-paying and lowest-status positions: laborers, service workers, and

clerical. Traditional occupations, and even attitudes toward work, are irrelevant, even possibly dysfunctional. Those few with any kind of training frequently are prohibited from practice in this country by differing standards of training and performance. The adults are overwhelmingly young, recently migrated, with limited general education, English language abilities, and nonexistent job skills.

The urgency of concern with job training stems in part from income needs. The median incomes in the U.S. of approximately $13,000 support large households, with many dependents relative to the number of income-producing adults. Additionally, resources are shared with relatives both in the U.S. and still in the islands, and the community at large. Typically, these incomes represent the pooled earnings of several adults, indicative of the low compensation each individual receives. Unemployment is severe in California (26%) and American Samoa (29%), and high in Hawaii (12%), exclusive of those households selected from the welfare recipient list. Utilization of welfare assistance programs is increasing, including food stamps and public housing programs. Housing appropriate to family size is simply unaffordable.

• Language Barriers

Less than one-third of the Samoan adults in Hawaii and California can speak English fluently; fewer still can write

it. The difficulties of such a language barrier are significantly amplified by the challenges of integrating two such different cultures as the Samoan and the U.S.; the acculturation process suffers the most critical impact of the language barrier. The transitions are legion and complex: from a rural to an urban environment; from a Samoan-speaking society to an English-speaking one; from a relatively limited educational program to a highly competitive one; from a transitional economy to industrialized capitalism; from the traditional tribal system of governance to one in which the household is exclusively responsible for the welfare of its members; from a system of consolidated health care delivery to a diversified network of alternative programs.

Ethnic cohesion is strong, and in some way mitigates against the ability of the Samoan to learn the ways of the new culture. The Samoan language is spoken by adults in the home in 93% of the California households and in 82% of the Hawaii households. The Samoan family is the first resort of any family member for information, assistance, financial support, and authority; a strength and resource to the extent it has the capability to respond to these needs, its lack of conversance with the American culture may also constrain the acculturation process of the individual. English speaking and writing abilities are the primary vehicle through which the Samoans must pursue their own welfare within an English-speaking culture.

› Alcoholism

Alcoholism is of concern to Samoans in all three locations; their major self-identified health problem. It was also that medical problem for which Samoans most frequently indicated that outside help was needed. A corollary problem is the apparent growing rate of crime among Samoans, and other violent incidents.

› Needs Specific to the Residents of American Samoa

Some of the issues concerning residents of American Samoa are unique or extreme in their circumstances. Problems of low income and inadequate housing appeared frequently. With an average household size of 7.7 members, the average annual household income is $4,200. The household includes a relatively large population of dependent members, both children and the elderly. The most common occupations, such as cannery or agricultural worker, offer virtually no opportunities to increase one's earning capacity; and the educational system is inadequate to prepare island residents for competition in the U.S. job market. For most, employment is a dead end, the traditional culture and occupations fading with no viable new opportunities developing.

Although not directly a problem of human services, the issue of adequate housing is major and impinges upon the human service needs of the American Samoan in many ways. The typical

American Samoa household of 8 persons lives in two rooms or fewer. Although the traditional culture certainly contained features which mitigated the impact of overcrowding, nevertheless as the communal society transitions to that of the individualistic and capitalist economy, such living conditions are bound to pose problems. To the extent that such problems impact on health conditions, the educational process, and the income needs of the household, for example, the issue of housing does create indirect demands on the human service delivery system.

2.2. Demographic Characteristics of the Samoans

The following discussion summarizes the findings of the household survey with respect to demographic characteristics of the sampled population, particuarly those characteristics which are related to the need for human services. The sample population included 204 California households with 1,397 members, 250 Hawaii households with 1,295 members, and 190 households or 1,582 residents of Samoa. In addition to discussion of any regional variations, special attention is focused on the characteristics of selected client groups such as the federally-assisted Hawaii sample, and the elderly.

2.2.1. General Demographic Characteristics

Age distribution of the Samoan population favored youth, with nearly one-half of the sample under 16 years of age. By

contrast, those over 60 years of age comprised no more than 5% of the population in any location. The ratio of male to to female was approximately equal and constant throughout all age groups.

Regardless of their current place of residence, virtually all of the respondents were born in American Samoa, including 99% of the California respondents and 98% of the Hawaii respondents. As shown in Table 2, the majority of California and Hawaii respondents migrated to the U.S. in the decade between 1966 and 1975. As for those currently residing in American Samoa, only 4% indicated that they had ever lived elsewhere for more than six months, either to rejoin their family because of military transfers, or for other reasons. All indicated that the move was intended to be temporary only; and most reported that they were dissatisfied with the living conditions elsewhere and missed their families. Despite the fact that nearly one-fourth (24%) had household members living in the U.S. at the present time, only 1% of the American Samoa respondents indicated that they too intended to leave Samoa.

Samoan was the primary language of 97% of the California and American Samoa respondents, and 85% of those located in Hawaii. Slightly smaller percentages were registered

TABLE 2: PERIOD OF IMMIGRATION TO THE U.S.: HEAD OF HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

PERIOD OF IMMIGRATION FROM AMERICAN SAMOA TO THE U.S.	HEAD OF HOUSEHOLD FREQUENCIES	
	CA (n = 204)	HI (n = 250)
Before 1946	-	0.8
1946 - 1950	1.0	0.4
1951 - 1955	9.3	1.2
1956 - 1960	13.7	14.4
1961 - 1965	12.7	11.6
1966 - 1970	26.5	25.6
1971 - 1975	23.0	29.6
1976 - 1977	11.3	13.2
1978	1.5	2.0
Don't know	1.0	1.2

for the Samoan language as that used most frequently by adults in the home, indicating inroads for English fluency. English speaking and reading abilities were claimed by 24% and 21%, respectively, of the California respondents; and 31% and 28%, respectively, of the Hawaii respondents. Approximately one-fifth of the American Samoa respondents claimed fluency in both English writing and speaking.

2.2.2. Household Characteristics

The largest household sizes occurred with greatest frequency among residents of American Samoa; however, California households of six or more members were clearly as common as all households of that number or greater in American Samoa. As shown in Table 3, 72% of the American Samoa households numbered six or more members, a third of which numbered in excess of 10 members. Approximately 67% of the California households also included six or more members, although much less frequently exceeding ten. The Hawaii households tended to smaller size, the majority falling in the range of three to five members. The average household size in California was 6.3; in Hawaii, 4.8 members; and in American Samoa, 7.7 members. Household size ranged from 2 to 27 members in California, 1 to 14 members in Hawaii, and 2 to 22 members in American Samoa. Many of the households included one or two elderly members, and there were few instances of the

elderly living independently. In both Hawaii and California, approximately one-fourth of the households had elderly members, and in American Samoa, such households comprised one-half the sample.

TABLE 3: PERSONS PER HOUSEHOLD: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL

PERSONS PER HOUSEHOLD	HOUSEHOLD FREQUENCIES		
	CA (n = 204)	HI (n = 250)	Am. Sam. (n = 190)
1 - 2	4.4	10.8	1.1
3 - 5	28.4	52.0	27.4
6 - 10	56.9	34.8	47.9
11 - 15	8.9	2.4	15.8
16+	1.5	-	7.9

True to traditional Samoan culture, a significant percentage of all households were comprised of more than one family.[1] Table 4 reveals that the highest frequencies of multiple family households occurred among American Samoa residents, followed by Californians. In the U.S., multiple families most commonly consisted of a core family, plus nieces and nephews of the

TABLE 4: FAMILIES PER HOUSEHOLD: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

FAMILIES PER HOUSEHOLD	HOUSEHOLD FREQUENCIES		
	(n = 250)	(n = 204)	(N = 190)
One family	55.5	68.3	47.1
Two families	34.7	27.6	27.8
Three families	6.9	3.7	18.3
Four families	3.0	0.4	6.8

respondent. This distribution of persons per family is shown in Table 5. The most common family size for all three locations was 3 to 5 members; however, both the American Samoa and the California populations demonstrated nearly as great a frequency of 6 to 10 member fmailies. The household profile revealed that the children of one family were generally separated in age by two years or less.

TABLE 5: PERSONS PER FAMILY: HOUSEHOLD FREQUENCIES PER GEOGRAPHIC LOCATION (% OF TOTAL)

PERSONS PER FAMILY	HOUSEHOLD FREQUENCIES		
	CA (n = 204)	HI (n = 250)	Am. Sam. (n = 190)
1	16.9	20.7	15.3
2	13.8	14.9	19.2
3 - 5	35.0	44.0	31.7
6 - 10	33.8	19.8	30.0
11 - 15	0.6	0.6	2.5
16+	-	-	0.6

Ethnicity of household members provided overwhelming evidence of ethnic cohesion; there was minimal incidence of racial inter-marriages. Of the California sample, the highest non-Samoan household member frequency was 0.6% Palagi (White),

followed by 0.4% Hispanic,.and less than 0.1% each Pacific Islander, Asian, and Black members. In Hawaii, Palagi and Pacific Islanders comprised 1.3% each, followed by 0.2% each Asian and Black, and less than o.1% each Hispanic and American Indian/Native American. In American Samoa, ethnicity was 100% Samoan.

Residents of American Samoa demonstrated remarkable stability of residence, with 78% having resided 10 years or more in their current dwelling unit. Otherwise, Tables 6 and 7 reveal no unusual incidence of mobility, with the exception of 20% of the Hawaii sample who had resided in their current unit for less than one year. As compared to Hawaii residents, the California sample included a slightly higher percentage of long-term residents.

Approximately 36% of the California respondents owned their dwellings. Of the Hawaii sample, only 8% overall were owners; however, variation was noted between the two Hawaii groups, and the randomly sampled population actually included 16% owners. As shown in Table 8, rooms per household averaged highest in California, with a mean of 5.5 rooms per unit, with 58% of the households in this five to six room range. In Hawaii, smaller units were more common: an average of 4.3 rooms. In American Samoa, the count of number of rooms reflected the particular design of the structures; 38% were characterized as zero or one-room units.

TABLE 6: LENGTH OF RESIDENCE IN CURRENT DWELLING UNIT: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

LENGTH OF RESIDENCE IN CURRENT DWELLING UNIT	HOUSEHOLD FREQUENCIES		
	CA (n = 204)	HI (n = 250)	Am. Sam. (n = 190)
Less than 6 months	2.0	8.4	-
6 months to 1 year	6.9	12.4	1.1
1 - 2 years	19.1	16.4	1.6
2 - 3 years	21.1	21.6	0.5
3 - 5 years	22.1	20.0	6.3
5 - 10 years	18.6	10.8	12.1
10 years or more	9.3	2.4	77.4
Don't know	1.0	8.0	1.1

TABLE 7: MOVES DURING THE PAST FIVE YEARS: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

MOVES DURING THE PAST FIVE YEARS	HOUSEHOLD FREQUENCIES	
	CA (n = 204)	HI (n = 250)
None	32.4	13.2
Once	20.1	25.2
Twice	20.1	26.0
Three times	14.2	17.6
Four times	6.4	6.8
Five or more times	5.9	3.2
Don't know	1.0	8.0

TABLE 8: ROOMS IN CURRENT DWELLINGS: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

ROOMS IN CURRENT DWELLING	HOUSEHOLD FREQUENCIES		
	CA (n = 204)	HI (n = 250)	Am. Sam. (n = 190)
0/1	0.5	-	37.9
2	2.5	4.4	23.2
3	10.3	16.0	18.9
4	9.8	36.4	14.2
5 - 6	57.8	40.4	4.2
7 - 9	17.6	2.8	-
10+	1.5	-	-
No Response	-	-	1.6

2.2.3. Income and Employment Characteristics

Average gross monthly household incomes were approximately $1,090 for both California residents and the random sample of Hawaii residents. The assisted Hawaii population showed a median household income of approximately $560, while the median figure for the American Samoa household was $350. The frequency distribution of monthly income is presented in Table 9. A large percentage of the households reported that these monthly totals were based on the income of several persons in the household, defining income to include wages, social security, welfare, pensions, and any other source. This was most common among the welfare-assisted households in Hawaii, where 91% reported multiple income sources. The randomly-sampled Hawaii population and the California respondents had 72% and 79% frequencies of multiple income sources. American Samoans showed the least incidence, 61% of all households. Approximately one-fourth of the California households received food stamps, as did 61% of the randomly-sampled Hawaii households.

Unemployment rates were calculated based on the universe of employed full- or part-time, or unemployed/looking for work. In California, unemployment among household members was estimated at 26%. Full-time employment was held by 63% of the eligible work force members. Table 10 indicates that the most common occupations were laborer (35%); service worker (23%); and clerical (22%).[2]

TABLE 9: GROSS MONTHLY INCOME: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

GROSS MONTHLY INCOME	HOUSEHOLD FREQUENCIES			
	CA (n=204)	HI-A (n=174)	HI-B (n=76)	Am.Sam. (n=190)
Under $100	-	-	-	0.5
$100 - $199	-	0.6	-	15.8
$200 - $399	2.9	19.5	-	44.7
$400 - $599	8.3	37.9	6.6	27.9
$600 - $799	11.3	27.6	14.5	5.8
$800 - $999	20.6	5.2	14.5	2.1
$1000 - $1250	19.1	5.7	42.1	2.1
$1251 - $1500	19.1	1.7	7.9	0.5
$1501 - $2000	14.2	0.6	6.6	-
Over $2000	4.4	1.1	7.9	0.5

TABLE 10: OCCUPATION OF WORK FORCE MEMBER: FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL

OCCUPATION	WORKFORCE MEMBER FREQUENCIES		
	CA (n = 375)	HI - B (n = 156)	Am. Sam. (n = 370)
Professional	3.2	5.1	4.6
Managerial	1.1	1.3	3.2
Sales Worker	2.9	10.9	5.7
Clerical	22.1	9.0	13.8
Craftsman/artist	2.9	0.6	2.1
Operatives	4.8	8.3	7.3
Transport Operators	2.7	4.5	1.6
Laborers	34.7	13.5	32.2
Service Workers	23.2	35.3	13.8
Teacher	1.6	2.6	8.9
Agriculture	-	-	0.8
Fisherman	-	0.6	0.3
Other (military)	0.8	7.7	5.7

There were few professional, managerial, and other white collar positions. Some eligible work force members also indicated no occupation whatsoever. Approximately 48% of the entire population were full-time students.

For the Hawaii random sample, the unemployment rate was approximately 12%, with 69% employed in full-time positions. The most common occupation was that of service worker (35%), followed by sales worker/clerical (20%) and laborer/fisherman (14%). An estimated 45% of the entire Hawaii population were full-time students. In American Samoa, where unemployment was estimated at 20% of the workforce, approximately one-third of the work force were laborers; 20% were clerical and sales workers; and 14% were service workers. Full time students comprised 45% of the sampled Samoa population.

2.2.4. Educational Attainment

Tables 11 and 12 present frequency distributions for educational attainment of adult and school-aged household members, respectively. The profile of the California and Hawaii groups is comparable, excepting that a greater percentage of Hawaii high school graduates had gone on to attain some additional education or training. Thus, approximately one-half of the adult population (aged 21 years or older) stopped short of high school or GED completion: in California, 49%; in Hawaii, 53%. Those whose education was limited to completion of grade

TABLE 11: HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT: ADULT HOUSEHOLD MEMBER - FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT	ADULT HOUSEHOLD MEMBER FREQUENCIES		
	CA (n = 515)	HI (n = 517)	Am. Sam. (n = 695)
No formal education	0.4	1.2	11.5
Faifeau school	6.4	5.0	3.2
Some grade school	5.4	13.2	8.8
Completed grade school	18.1	12.4	34.4
Some high school	18.8	19.5	6.8
High school diploma/GED	37.5	26.3	26.2
Trade school	1.0	5.4	1.0
Some college	11.5	12.8	5.5
College degree	0.8	2.9	2.6
Graduate school	0.2	1.4	0.1

TABLE 12: HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT: SCHOOL-AGE HOUSEHOLD MEMBER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT	SCHOOL-AGE HOUSEHOLD MEMBER FREQUENCIES		
	CA (n = 1205)	HI (n = 1084)	Am. Sam. (n = 1371)
No formal education	0.3	0.9	6.7
Faifeau school	2.9	3.6	2.2
Some grade school	28.6	30.4	31.7
Completed grade school	16.3	14.5	23.1
Some high school	22.7	22.1	14.2
High school diploma/GED	20.1	15.2	16.0
Trade School	0.6	2.7	0.5
Some college	8.1	8.6	3.7
College degree	0.3	1.4	1.8
Graduate school	0.1	0.6	0.1

school or less comprised 32% of the adult population in California, and 30% in Hawaii. The variation in attainment beyond completion of high school ranged from 14% of the California adult population to 23% of the Hawaii group. However, both groups expressed their intention that currently enrolled high school students in the family would continue their education after high school graduation: 73% in California, and 78% in Hawaii. Similarities were again noted in the profiles of the school-eligible population aged six years and older, e.g., 49% in California and 48% in Hawaii had advanced only as far as the completion of grade school or less. The large proportion certainly reflects the preponderance of youth in the Samoan age distribution; however, the limited educational attainment of adults, as indicated above, also factors. As for pre-school-aged children (under six years of age), only 5% to 6% of the households with such children arranged for them to be cared for during the day by someone outside of the home.

The experience of Samoans in American Samoa differed significantly. In the adult population, 65% fell short of high school graduation; approximately 58% attained only a grade school edcuation or less. Comparable to Hawaii, however, an additional one-fourth did complete high school or GED courses. In the school-age population, i.e., aged six years and older, 64% lacked education beyond grade school level.

Thus, the grade school serves for the vast majority of Samoans as the definitive exposure to formal education. The greatest frequency of problems related to education was noted by California respondents, as shown in Table 13. Approximately one-third of the population reported problems both with poor grades in school and language difficulties. Neither the Hawaii nor American Samoa residents reported difficulties of any remarkable degree.

TALBE 13: TYPES OF SCHOOL-RELATED PROBLEMS: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

SCHOOL-RELATED PROBLEMS	HOUSEHOLD FREQUENCIES		
	CA (n = 204)	HI (n = 250)	Am. Sam. (n = 190)
Language difficulties in school	35.3	8.4	4.7
Poor grades in school	33.3	12.8	4.2
Problems with teachers or achool administrators	15.7	8.0	3.2
Truancy/absenteeism	13.7	8.4	2.1
Other	5.4	1.2	-

2.2.5. Community and Religious Organization Affiliation

Church and church-sponsored groups enjoyed very high membership among all Samoans. The incidence of membership ranged from 76% for Hawaii respondents, to 89% among Californians, and 94% in American Samoa. Furthermore, three-fourths or more of all three groups reported that they attended church once a week or more. Other significant group affiliations in the U.S. included choir (California, 59%, Hawaii, 27%); and in California, Samoan organizations for 50% of the population. Although a loosely defined category, the latter suggests a strong commitment to Samoan cultural group identity. Among U.S. residents, as Table 14 demonstrates,

TABLE 14: ORGANIZATIONAL AFFILIATION: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

ORGANIZATIONAL AFFILIATION	HOUSEHOLD FREQUENCIES	
	CA (n = 204)	HI (n = 250)
Church/Church Organizations	88.7	76.4
Choir	58.8	27.2
Samoan Organizations	50.0	14.0
PTA	26.0	11.2
Labor and Trade Unions	20.1	6.8
Sports Teams	17.6	16.8
Neighborhood or Block Groups	8.8	2.8
Other	1.5	6.4

Note: Columns total more than 100% due to multiple responses.

the Californians were the most clearly oriented to group participation. In American Samoa, the village organization was also a major community organization as was the PTA, as shown in Table 15.

TABLE 15: ORGANIZATIONAL AFFILIATION: AMERICAN SAMOA HOUSEHOLD FREQUENCIES (% OF TOTAL)

ORGANIZATIONAL AFFILIATION	AMERICAN SAMOA HOUSEHOLD FREQUENCIES (n = 190)
Church/Church Organizations	93.7
Village Organization	81.1
PTA	63.7
Local Women's Organizations	34.2
Sports Teams	11.6
Civic Groups (Chamber of Commerce, Rotary)	1.1
Other	0.5

Note: Column totals to more than 100% due to multiple responses.

2.2.6. Health Status Characteristics

Reported disabilities among all household members were of nominal proportions. Table 16 shows that among the income-assisted Hawaii households, 4% of the individuals were partially disabled; among no other group did the incidence of all disabilities (blindness, partial or full disability, other) exceed 4%. Households with children aged 12 years

and und r were asked whether the recommended immunizations had been received, e.g., for smallpox, typhoid, diptheria, polio, etc. Positive response ranged from 77% of the universe in American Samoa (adjusted for absence of children) to 85% in California, and 92% in Hawaii.

The incidence of coverage of some member of the household by health insurance was quite high in the United States,

TABLE 16: INCIDENCE OF REPORTED DISABILITY: HOUSEHOLD MEMBER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

INCIDENCE OF DISABILITY	HOUSEHOLD MEMBER FREQUENCIES			
	CA (n=1391)	HI-A (n=917)	HI-B (n=378)	Am.Sam. (n=1742)
None	96.0	94.1	98.4	99.0
Blind	0.1	0.2	-	0.1
Partially Disabled	2.1	4.1	1.1	0.6
Fully Disabled	1.7	0.9	0.3	0.1
Other	0.1	0.7	0.3	0.1

93% in Hawaii and 91% in California. In California, approximately one-third of the sample were covered by Blue Cross/Blue Shield, and one-third by Medical/Medicaid. Another one-fourth belonged to Kaiser Permanente or a similar Health

Maintenance Organization, and 17% utilized Medicare. In Hawaii, nearly two-thirds were covered by HMSA,, 29% by Medical/Medicaid, and 16% by Medicare.

Asked whether any member of the family had ever needed help with selected medically-related problems, the strongest positive response rate was 6% for drinking/alcoholism among the Hawaiians, as shown in Table 17. To the Californians, the incidence of this problem was equal to that of drug use and family planning needs, and second to needs for maternal and pre-natal care as that most frequently requiring medical attention.

2.2.7. Special Needs of the Elderly

Samoans over 60 years of age comprised only 5% of the population in Hawaii and American Samoa, and 3% of the California sample. Even those in the age bracket of 51 to 60 years comprised only an additional 6% of all three groups. Rarely were these elderly persons living independently; rather, they were included in one-fourth of the U.S. households, and one-half of the American Samoa households.

TABLE 17: MEDICALLY-RELATED PROBLEMS: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

MEDICALLY-RELATED PROBLEMS EVER REQUIRING HELP	HOUSEHOLD FREQUENCIES					
	CA (n=204)		HI (n=250)		Am. Sam. (n=190)	
	Yes	Don't Know	Yes	Don't Know	Yes	Don't Know
Drinking/alcoholism	2.9	-	6.4	3.2	1.1	2.2
Maternal health/ pre-natal care	4.4	6.9	4.0	3.6	3.7	6.9
Drug use (non-medical)	2.9	3.9	0.4	4.4	0.5	3.7
Family planning/ contraception	2.9	6.9	2.8	5.2	2.1	5.3
Mental health/ mental retardation	2.5	21.1	0.8	9.2	3.2	13.2

Note: Columns do not total to 100% as a response was indicated for each problem.

As shown in Table 18, the need for greater financial assistance for the elderly was identified as a major problem by all three groups. The lack of something to do was also perceived as a major problem in California and Hawaii; whereas in American Samoa, the problem was perceived to be minimal.

TABLE 18: PERCEIVED PROBLEMS OF THE ELDERLY SAMOAN: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION

Perceived Degree of Problem	NEED MORE FINANCIAL ASSISTANCE			LACK OF SOMETHING TO DO			INADEQUATE MEDICAL CARE			POOR DIET		
	CA (n=204)	HI (n=250)	Am.Sam. (n=190)	CA (n=204)	HI (n=250)	Am.Sam. (n=190)	CA (n=204)	HI (n=250)	Am.Sam. (n=190)	CA (n=204)	HI (n=250)	Am.Sam. (n=190)
Major Problem	86.8	76.8	51.1	74.0	66.8	9.5	76.0	48.0	3.2	59.8	34.4	2.1
Minor Problem	6.9	12.8	29.5	15.7	18.4	8.4	9.8	17.6	14.2	22.1	28.0	12.1
No Problem	1.5	4.0	13.2	1.5	8.8	62.6	8.8	14.8	70.0	10.8	17.6	73.2
Don't Know	4.9	6.4	6.3	8.8	6.0	19.5	5.4	19.6	12.6	5.9	20.0	12.6

Californians and Hawaiians also expressed ubstantial concern over the inadequacy of medical care for the elderly and poor diet, especially in California.

2.3. Related Findings of Other Studies

The purpose of this section is to amplify the demographic findings of the MKGK household survey by highlighting relevant findings of related studies on American Samoans and other Asian and selected populations.

2.3.1. General Demographic Characteristics

With reference to general demographic characteristics of other Asian-American groups, the Samoans (sampled in Los Angeles) were remarkable for the lowest median age. Whereas those 16 years and younger comprised just over one-half of the Samoan sample, among sampled Chinese, Korean, and Filipino households, youth made up only about one-third of the entire population.

In comparison with these other Asian-American groups, the Samoans also registered the lowest percentage of those born in urban environments (25,000+ population), limited to approximately one-fourth of the sample.[3]

Of the various findings related to patterns of migration and population growth rates, among the more provocative is the inference drawn by analysis of a 1977 special census

(10% sample) of American Samoans that young Samoan males may be leaving the islands more rapidly than females. In addition, although the population of American Samoa appeared to have gained 5% as a whole in the period from 1974 to 1977, it appeared that about 8% of the territorial population of 1974 with American Samoan ethnicity had outmigrated.[4]

2.3.2. Household Characteristics

Households ranging in size from six to ten members occurred more frequently among the Samoans than among either the comparison Chinese, Japanese, Korean or Filipino samples. The median household size was seven members. Similarly, for the incidence of children in numbers ranging from three to nine per household, the Samoans also exceeded the other sampled Asian-American groups. The median number of children was slightly above three; and among the sampled Asian-American groups, the Samoans, along with the Koreans, most rarely reported the presence of an elderly member in the household, in only 11% of the households.[5] The relatively small number of elderly in these households, however, reflects their actual numbers rather than any alternative provisions for living arrangements. As documented in AAMHC study of Samoans residing in Los Angeles, an overwhelming proportion of the Samoans indicated that they would provide for dependent parents under any circumstances, and especially when the latter were too infirm to care for themselves.[6] The same study also

reported that whereas 20% of the household members were not of the immediate family group, they were related nevertheless, as siblings, cousins, and so forth.

The age of household heads was markedly skewed toward younger age groups, with 35% occurring in the 18 to 24 year age bracket, and over half aged 35 years or younger, both large proportions compared to the Asian-American profile generally. Although female heads of household comrpised 29% of the Samoan sample overall, in the age grouping of 18 to 24 years, female heads occurred as frequently as 49%. Approximately 81% of the household heads in this age group were born in the U.S.[7]

Selected statistics and findings with respect to housing conditions signal difficulties in this area as well. According to a 1973 Hawaii State report, the Samoans occupied 7.3% of all public housing units in the state, even though they comprised only 1 to 2% of the general population.[8]

2.3.3. Income/Employment

Findings of the Asian American Field Survey revealed that a higher proprtion of the Samoan households (49%) relied on more than one income earner than was true of any of the other Asian groups. As to occupations, Samoans were classified as "laborer" and "crafts worker" more often than were the

members of any other group. The Samoan unemployment rate was exceeded only by that of the Filipinos.

Among types of potential welfare and social service needs, money was identified more frequently by the Samoans than by any other group, and far more commonly among the Samoans than any other need. Furthermore, the Samoans showed the highest utilization rate, by three times, of welfare department resources. Samoans relied on relatives more heavily than did any other group for information about community services; and most of those who hadn't sought help indicated that the reason was simply that they did not know where to go.[9]

A relatively high utilization of welfare assistance has been reported in numerous other studies. A Hawaii State Department report utilizing 1972 figures reported that Samoans comprised 5.2% of the welfare recipients while constituting only 1 to 2% of the general population. Another Hawaii State report found that in the period of July 1971 to January 1973, applications from Samoans for public assistance increased by 555%.[10]

2.3.4. Education

The Samoans sampled as part of the Asian American Field Survey lagged behind the Korean, Filipino and Japanese groups in the proportions which attained post-secondary levels of

education. Only 8% of the Samoans sampled had some college education, as opposed to 68%, 38%, and 24% respectively, of the other groups. Only the Chinese, at 5%, showed a smaller proportion of college-educated members. Approximately one-fourth of the Samoan family heads had been educated in the U.S. It is interesting to note that more than one-half of the adult Samoans who had received some secondary or post-secondary education in the U.S. had begun this education elsewhere.

The extent of school difficulties encountered by the Samoans was comparable to those of the Chinese and Korean, with language problems the most commonly identified difficulty by far. As a remedy, the Samoans expressed the most intense interest of any of the sampled groups in the development of bilingual education programs, with a strong preference for teachers from the Samoan groups. The Samoans were the only group with no members currently enrolled in graduate school.[11]

2.3.5. Acculturation

The Asian American Field Survey revealed that the Samoans expressed more interest than any of the other groups in the development of educational programs which dealt with the Samoan ethnic studies, as well as the experiences of Asians in America. Parents of Samoan youth also expressed a relatively high interest in the children's retention of

native language fluency. Over one-half of the Samoan family heads had migrated to the U.S. since 1965, indicating that parents and children were simultaneously facing the challenges of acculturation.

Several studies have focused on the relatively high participation of Samoans in Hawaiian violent crime statistics. Based on arrest and census figures for 1978, Samoans were said to account for 16% of the robbery suspects arrested, although constituting less than 2% of the general population. Furthermore, the rate of Samoan arrests for robbery nearly doubled from 1977 to 1978. The numbers of juvenile arrests were reported to be increasing even more dramatically.[12] A report issued by the State of Hawaii in 1973 found that Samoans accounted for 24.4% of all persons arrested for murder in Hawaii, even though in the general population their numbers contributed only one to two percent.

Although the Samoan residents of Los Angeles indicated their concern about the presence of youth problems in their community, they ranked these problems of less serious degree than those faced by the white community.[13]

2.4. Samoan Perceptions of Problems

Household respondents were asked their opinions about problems impacting the Samoan community, with respect to a variety of

programmatic areas. Responses to these questions elicited a higher incidence of concern than was expressed with regard to the actual incidence of those problems within that household, perhaps as a function of the effects of familial pride and sense of privacy.

2.4.1. Medically-Related Problems

As shown in Tables 19, 20, and 21, alcohol abuse as a major health problem was cited first by all three communities, the consensual agreement of 75% of the Hawaii households, 70% of the California households, and 25% of the American Samoa sample. Incorporating the latter with those who indicated alcoholism to be a "major" problem, well over one-half of the residents of American Samoa expressed concern over the problem of alcoholism. Furthermore, in a comprehensive array of all problems facing the Samoan community (Table 25), residents of American Samoa listed drinking third most frequently; and U.S. residents included it in the top third of commonly identified problems. In California, other health problems, including dental problems, drug use, and poor nutrition, were perceived to be of major concern by 50% or more of the households. In Hawaii, the expression of interest was more conservative, but paralleled these priorities.

TABLE 19: MEDICALLY-RELATED PROBLEMS AFFECTING THE SAMOAN COMMUNITY: CALIFORNIA HOUSEHOLD FREQUENCIES BY PROBLEM AREA (% OF TOTAL)

EXTENT OF PROBLEM	CALIFORNIA RESPONDENT FREQUENCIES (n = 204)							
	Alcohol Abuse/ Alcoholism	Dental Problems	Drug Use (Non-Medical)	Poor Nutrition	Mental Health/ Mental Retardation	Poor Health	Family Planning/ Contraception	Maternal Health/ Pre-Natal Care
MAJOR PROBLEM	70.1	60.3	55.9	49.5	42.6	33.3	27.9	24.0
MINOR PROBLEM	20.1	26.5	20.6	32.4	26.5	49.0	36.8	43.1
NO PROBLEM	7.4	6.9	13.2	14.2	10.8	10.3	17.2	18.1
DON'T KNOW	2.5	6.4	10.3	3.9	20.1	7.4	18.1	14.7

TABLE 20: MEDICALLY-RELATED PROBLEMS AFFECTING THE SAMOAN COMMUNITY: HAWAII HOUSEHOLD FREQUENCIES BY PROBLEM AREA (% OF TOTAL)

EXTENT OF PROBLEM	HAWAII RESPONDENT FREQUENCIES (n = 250)							
	Alcohol Abuse/ Alcoholism	Dental Problems	Drug Use (Non-Medical)	Poor Nutrition	Mental Health/ Mental Retardation	Poor Health	Family Planning/ Contraception	Maternal Health/ Pre-Natal Care
MAJOR PROBLEM	75.2	38.8	43.6	35.6	22.4	34.0	21.6	19.6
MINOR PROBLEM	11.6	25.6	16.0	27.2	16.0	20.0	14.8	12.8
NO PROBLEM	1.6	16.0	5.2	18.8	18.8	18.8	17.2	21.6
DON'T KNOW	11.6	19.6	35.2	18.4	42.6	27.2	46.4	46.0

TABLE 21: MEDICALLY-RELATED PROBLEMS AFFECTING THE SAMOAN COMMUNITY: AMERICAN SAMOA HOUSEHOLD FREQUENCIES BY PROBLEM AREA (% OF TOTAL)

EXTENT OF PROBLEM	AMERICAN SAMOAN RESPONDENT FREQUENCIES (n = 190)							
	Alcohol Abuse/ Alcoholism	Dental Problems	Drug Use (Non-Medical)	Poor Nutrition	Mental Health/ Mental Retardation	Poor Health	Family Planning/ Contraception	Maternal Health/ Pre-Natal Care
MAJOR PROBLEM	25.3	3.2	3.2	1.6	2.1	-	3.2	1.6
MINOR PROBLEM	31.6	31.6	10.5	15.8	10.0	12.6	10.0	6.8
NO PROBLEM	37.4	58.9	70.5	68.9	77.4	79.5	60.5	63.2
DON'T KNOW	5.8	6.3	15.8	13.7	10.5	7.9	26.4	28.4

The most frequently identified minor health problem was the concern expressed by Californians as to the poor general health of members of the community. Californians also agreed that maternal health and pre-natal care, along with family planning, were of common, if minor, concern. The residents of American Samoa were most aware of dental problems and, again, alcoholism as "minor" problems; otherwise, they perceived virtually no medical problems. Similarly, in Hawaii, dental problems and poor nutrition were commonly identified "minor" concerns, the impact of which was amplified to a substantial extent when combined with the incidence of perception as "major" problems as well.

Obtaining good medical care is apparently a significant problem for California Samoans; nearly two-fifths of the sample indicated it to be either a major or a minor problem. Only 20% of the Hawaiians were similarly concerned, and the problem appeared nominal in American Samoa.

2.4.2 Education-Related Problems

Perceptions regarding the extent of selected educational problems for the Samoan community differed by region, but in all cases the need for vocational education and job training and the need for bilingual education ranked high as major problems. Tables 22, 23, and 24 delineate the perceptions of each region with respect to the magnitude of selected

TABLE 22: EDUCATION-RELATED PROBLEMS AFFECTING THE SAMOAN COMMUNITY: CALIFORNIA HOUSEHOLD FREQUENCIES BY PROBLEM AREA (% OF TOTAL)

EXTENT OF PROBLEM	CALIFORNIA RESPONDENT FREQUENCIES (n=204)				
	Need for Vocational Education/ Job Training	Need for Bilingual Education	Need for Adult Education	Quality of Public Education	Need for Day Care/ Care Outside the Home
MAJOR PROBLEM	93.6	84.8	90.2	59.3	79.9
MINOR PROBLEM	4.4	7.8	7.8	20.6	14.2
NO PROBLEM	1.0	2.5	1.5	11.8	2.0
DON'T KNOW	1.0	4.9	0.5	8.3	3.9

TABLE 23: EDUCATION-RELATED PROBLEMS AFFECTING THE SAMOAN COMMUNITY: HAWAII HOUSEHOLD FREQUENCIES BY PROBLEM AREA (% OF TOTAL)

EXTENT OF PROBLEM	HAWAII RESPONDENT FREQUENCIES (n = 250)				
	Need for Vocational Education/ Job Training	Need for Bilingual Education	Need for Adult Education	Quality of Public Education	Need for Day Care/ Care Outside the Home
MAJOR PROBLEM	80.0	83.2	73.2	40.4	32.4
MINOR PROBLEM	16.0	8.8	19.2	23.6	20.0
NO PROBLEM	-	3.6	1.6	12.8	10.0
DON'T KNOW	4.0	4.4	6.0	30.4	37.6

TABLE 24: EDUCATION-RELATED PROBLEMS AFFECTING THE SAMOAN COMMUNITY: AMERICAN SAMOA HOUSEHOLD FREQUENCIES BY PROBLEM AREA (% OF TOTAL)

EXTENT OF PROBLEM	AMERICAN SAMOAN RESPONDENT FREQUENCIES (n=190)				
	Need for Vocational Education/ Job Training	Need for Bilingual Education	Need for Adult Education	Quality of Public Education	Need for Day Care/ Care Outside the Home
MAJOR PROBLEM	18.4	7.9	7.9	12.1	-
MINOR PROBLEM	38.4	36.3	12.1	19.5	6.3
NO PROBLEM	32.6	38.9	67.4	64.2	49.5
DON'T KNOW	10.5	16.8	12.7	4.2	44.2

concerns. As with medical problems, Californians registered greater awareness of education-related issues generally than did the other groups: even their least concern, the quality of public education, was registered by 59% as a major problem. The concern of Californians with education is of particular interest given that many Samoans move to California for the specific purpose of improving their educational opportunities. Asked to prioritize problems affecting the Samoan community, Californians ranked inadequate educational training first, by a significant lead over any other issue (refer to Table 26). Californians also exhibited the most interest in the availability of adult education programs and care outside of the home for pre-school aged children.

Like the Californians, the Hawaiians also ranked inadequate educational training as the most serious problem of their community, although by a smaller frequency. Within the Hawaii sample, it is interesting to note that the major variation between the welfare-assisted group and the random sample consisted of the latter's substantially greater concern with the quality of public education, and to a more qualified degree, the availability of day care. Residents of American Samoa portrayed far less critical perceptions generally, with relatively less concern for bilingual and adult programs and more for the quality of public education. Educational opportunities were not among the problems commonly

identified by residents of American Samoa as a problem for the community.

2.4.3. Employment, Income and Housing-Related Problems

The high interest in vocational education has already been noted, but the more specifically defined lack of appropriate job skills and the related issue of unemployment/under-employment was further highlighted in the frequency of responses to these items, and the number two priority accorded the former by both Californians and Hawaiians, as part of a comprehensive array of all problems facing the Samoan community. As shown in Table 26, the lack of appropriate job skills was remarked on by Hawaiians and Californians, with second and third highest frequency, respectively, out of 27 designated issues. Unemployment/ underemployment concerned 99% and 93% respectively, of the California and Hawaii respondents. Not surprisingly, the issue of insufficient income also occurred with high frequency among both California and Hawaii respondents, and with greater frequency among the Samoans located in American Samoa, where a median monthly household income of $350 has already been noted.

A perceived need for assistance with housing also warrants mention, as falling in the top one-third of commonly-perceived problems for the Californians and Hawaiians, but particularly

for its second-place frequency among responses of residents of American Samoa. Housing was thus a clearly delineated problem for the American Samoan community as a whole, and it was also occasionally mentioned specifically with reference to the needs of their elderly.

2.4.4. Problems Related to Acculturation and Ethnic Cohesion

For the Hawaii and California residents, language barriers were, respectively, first and second in frequency of identification among all problems facing the communities, and third priority in magnitude of seriousness. As noted earlier, the Samoan language was preferred in at least 85% of these households, and fluency in English speaking and writing was limited to approximately 20% - 30% of the heads of household. Furthermore, less than 10% were aware of the existence of bilingual education programs in the area, and fewer than that had actually participated in any.

Lack of understanding of American society also ranked high among the concerns of California and Hawaii Samoans, and in their prioritization of those problems, although the Hawaiians professed less frequent concern with problems of adjustment than did the Californians. Migration problems also factored, particularly with residents of California; and perceived discrimination, albeit still less common, nevertheless rankled more than one-half of these respondents.

In terms of issues related to ethnic cohesion and tradition, it is interesting to note that lack of community leadership and of Samoan organizations were among the top third of issues most frequently identified by Californians, whereas in Hawaii, the incidence of concern was considerably less, in fact within the bottom third of the frequency distribution. Residents of American Samoa expressed moderate concern with the lack of community leadership, and were more frequently aware of problems associated with the lack of Samoan organizational structures. Inadequate church attendance was a moderate concern in American Samoa only, and disrespect for elders also elicited mid-range status of issues commonly identified by Hawaiians.

The prevalence of concern with drinking has already been noted. With respect to its relative prominence in the context of the full array of problems faced by the community, and particularly those related to social behavior, it continued to elicit concern more frequently than two-thirds of the other items. In Hawaii, public fighting/gang behavior was also within the top third of frequently-named concerns, whereas drug abuse and law-breaking were measured as issues of moderate concern, as were all three in California. Such behavior was of limited concern to the residents of American Samoa. Gambling was remarked on with moderate frequency only in Hawaii, and in all three communities,

the issue of cruelty to children ranked among the lowest third of common concerns.

2.4.5. Teenager Problem

Of the specific issues defined with respect to teenagers, only school problems received extensive comment, and only within the California sample, consistent with that community's relatively intense interest in, and dissatisfaction with, educational opportunities. Academic problems received moderate comment in Hawaii. Parent/child communication was of moderate concern throughout all three groups. Hawaiians and Californians also exhibited moderate concern with respect to teenage delinquency. Truancy was a moderate concern to Californians, and more frequently than to other groups.

TABLE 25: PERCEPTIONS OF PROBLEMS AFFECTING THE SAMOAN COMMUNITY: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

PROBLEMS IN THE SAMOAN COMMUNITY	HOUSEHOLD FREQUENCIES		
	CA (n=204)	HI (n=250)	Am.Sam. (n=190)
Inadequate educational training	99.0	86.8	30.5
Unemployment/underemployment	99.0	92.8	43.7
Language barriers	98.5	96.0	*
Lack of appropriate job skills	97.5	92.8	56.8
Lack of understanding of the American society	94.6	82.4	*
Insufficient income	92.2	87.6	90.0
Adjustment	88.7	66.4	*
Drinking/alcoholism	88.2	86.4	68.4
Lack of community leadership	87.7	42.0	52.6
Need assistance in improving housing	85.8	66.8	83.7
Lack of organizations	85.3	28.4	68.9
Teenage school problems	80.9	61.2	12.6
Inadequate medical/health care	80.4	59.2	3.2
Immigration difficulties	77.0	56.0	*
Fighting and gang behavior	68.6	78.0	21.6
Drug use	66.7	57.2	2.1
Breaking the law	63.2	66.0	23.2
Teenage truancy	59.8	43.2	11.6
Parent/teenager communication	56.4	56.4	53.2
Teenage delinquent behavior	55.4	63.2	37.9
Teenage runaways	55.4	38.4	*
Discrimination	53.4	60.8	*
Inadequate church attendance	51.5	40.4	51.6
Disrespect for elders	48.0	54.8	35.3
Gambling	46.1	53.6	10.0
Cruelty to children	39.7	25.2	3.7
Teenage unwanted pregnancy	36.3	35.2	6.8

*Items not included in the survey instruments utilized for American Samoan respondents.

NOTE: Columns total to more than 100% due to multiple responses.

TABLE 26: PROBLEMS AFFECTING THE SAMOAN COMMUNITY: HOUSEHOLD FREQUENCIES OF PRIORITY RANKING BY GEOGRAPHIC LOCATION (% OF TOTAL)

PROBLEM AREA	HOUSEHOLD FREQUENCIES					
	CA Priorities (n=204)			HI Priorities (n=250)		
	#1	#2	#3	#1	#2	#3
Inadequate Educational Training	33.8	8.8	10.3	19.0	6.0	4.0
Lack of Appropriate Job Skills	16.7	37.3	17.2	7.2	17.2	10.0
Unemployment/Under-employment	16.2	21.6	11.8	15.6	11.6	6.4
Lack of Understanding of American Society	11.3	4.4	8.3	10.4	9.6	6.4
Language Barriers	8.8	8.8	16.7	10.4	7.6	12.4
Insufficient Income	3.4	4.9	14.2	3.6	4.4	4.0
Drinking/Alcoholism	2.0	2.0	2.0	10.0	6.4	6.4

Note: Columns total to less than 100% due to deletion of low frequency items.

FOOTNOTES TO CHAPTER 2

[1]For the purpose of this survey, the family unit was defined as the head of household, his/her spouse, parents, and children. Adult siblings of the head of household were considered a distinct family group, as were their children, i.e., the nephews and nieces of the respondent.

[2]The service worker classification was principally comprised of aides in the social service professions, e.g., nurse's aides and social worker assistants.

[3]U.S. Dept. of Health, Education, and Welfare, Office of the Assistant Secretary for Planning and Evaluation, Division of Asian American Affairs. Asian American Field Survey, Summary of the Data. May 1977.

[4]Government of American Samoa. Analysis of 1977 10% Sample Census. (Mimeographic: 1978)

[5]HEW, Op.Cit.

[6]Asian American Mental Health Research Center. The Samoan Community in Southern California: Conditions and Needs. November 1977

[7]Ibid.

[8]U.S. Dept. of Health, Education and Welfare, Office of the Assistant Secretary for Planning and Evaluation, Division of Asian Smerican Affairs. Asian American Reference Data Directory.

[9]HEW (1977), Op.Cit.

[10]HEW (1976), Op.Cit.

[11]HEW (1977), Op.Cit.

[12]Keller, Mike. News article for the Honolulu Advertiser (May, 1977).

[13]AAMHRC, Op.Cit.

Section 3

ANALYSIS OF HUMAN SERVICE RESOURCES

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3. ANALYSIS OF HUMAN SERVICE RESOURCES

The following discussion presents findings garnered from the survey of service providers with respect to the existing configuration of HEW-funded service deliverers in California, Hawaii, and American Samoa. Following a description of the characteristics of sampled service providers, and special efforts of those providers to serve Samoan clients, the analysis includes interviewer perceptions with respect to service provider capacity, and a schematic summary of service agency characteristics.

3.1. Characteristics of Sampled Service Provider Agencies

The human service providers surveyed included 52 agencies in California (25 in Northern California and 27 in Southern California), 19 in Hawaii and 7 in American Samoa, for a total of 78 agencies. The following discussion summarizes the site visit findings regarding characteristics of these agencies.

Table 27 presents the frequency distribution for major programmatic areas of service with which each agency was involved. In all three locations, educational programs were those most frequently surveyed. All of the following categories were included in each location's sample, however, excepting the absence of a multi-service center in American Samoa: education, health, mental health, social services, income maintenance, and multi-service center.

TABLE 27: PROGRAMMATIC AREAS OF SERVICES PROVIDED: SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

PROGRAMMATIC AREA OF SERVICE	SERVICE PROVIDER FREQUENCIES		
	CA (n = 52)	HI (n = 19)	Am. Sam. (n = 7)
Health (including Dentistry)	21.1	52.6	28.6
Mental Health	15.4	26.3	14.3
Education	42.3	57.9	42.9
Income Maintenance	17.3	15.8	-
Social Services	21.2	21.1	14.3
Multi-Service Center	1.9	5.3	-

Note: Columns total to more than 100% due to multiple response.

Every agency interviewed received at least a portion of its funding from HEW. Table 28 displays the various HEW programs which these agencies administered or from which they obtained funding. Nearly one-half of the agency representatives could not specify the percentage of their funds derived from HEW programs; only in American Samoa, where substantial funds are received through the U.S. Department of the Interior, did more than one-half of the agencies identify their HEW sources as 50% or less of their budget. The distribution is presented in Table 29. Other frequent sources of funding were the state government/ Government of American Samoa, and local government for the agencies located in California. In addition, as shown in Table 30, approximately one-fourth of the Hawaii agencies also relied upon funding from either foundations, the United Way, or contributions of individuals. In California, 10% of the agencies received some income through fees and private health insurance. In all locations, a substantial proportion of the agencies had been in operation for more than 5 years. In Hawaii and California, only one agency had been in existence for less than three years. In American Samoa, however, two of the seven agencies had been operating for less than one year.

As summarized in Table 31, an inventory of type of activities undertaken by each agency revealed that most engaged in a

TABLE 28: HEW PROGRAM PARTICIPATION: SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

HEW PROGRAM PARTICIPATION	SERVICE PROVIDER FREQUENCIES		
	CA (n = 52)	HI (n = 19)	AM.SAM. (n = 7)
Comprehensive Public Health Services, Formula Grants	3.8	10.5	-
Family Planning Projects	15.4	15.8	14.3
Community Health Centers	9.6	-	-
Maternal and Child Health Services	11.5	10.5	28.6
Drug Abuse Community Service Programs	7.7	5.3	14.3
Alcohol Community Service Programs	6.1	10.5	28.6
Community Mental Health Centers - Comprehensive Services Support	26.7	5.3	14.3
Health Manpower Education Initiative Awards	1.9	-	-
Adult Education	17.3	10.5	-
Bilingual Education	19.2	5.3	14.3
Dropout Prevention	3.8	5.3	-
Alcohol & Drug Abuse Prevention	5.8	5.3	-
Follow-Through	1.9	-	-
Special Services for Disadvantaged Students	21.1	15.8	-
Upward Bound	5.8	5.3	-
Vocational Education - Basic Grants To States	11.5	10.5	14.3
Vocational Education - Program Improvement & Supportive Services	15.4	-	14.3
Vocational Education - Special Needs (Special Program for Disadvantaged)	11.5	5.3	14.3
Bilingual Vocational Training	1.9	-	-
Child Development - Head Start	7.7	5.3	14.3
Special Programs for the Aging - State Agency Activities & Area Planning & Social Service Programs	7.7	10.5	14.3
Special Programs for the Aging - Nutrition Program for the Elderly	7.7	5.3	14.3
Special Programs for the Aging - Title V Multipurpose Senior Centers	3.8	-	14.3
Public Assistance - Social Services	15.4	21.1	-
Public Assistance - Maintenance Assistance (State Aid)	11.5	10.5	-
Social Services for Low Income & Public Assistance Recipients	17.3	10.5	-
Medicare - Hospital Insurance	19.2	5.3	-
Medicare - Supplementary Medical Insurance	17.3	-	-
Social Security - Disability Insurance	9.6	5.3	-
Social Security - Retirement Insurance	7.7	-	-
Social Security - Special Benefits for Persons 72 and Over	7.7	-	-
Supplemental Security Income	13.5	5.3	-

Note: Columns total to more than 100% due to multiple responses.

TABLE 29: PERCENTAGE OF AGENCY BUDGET FUNDED BY HEW: SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

% OF BUDGET FUNDED BY HEW	SERVICE PROVIDER FREQUENCIES		
	CA (n = 52)	HI (n = 19)	Am. Sam. (n = 7)
0 - 25	7.7	10.5	42.9
26 - 50	3.8	10.5	14.3
51 - 75	13.5	15.8	-
76 - 100	28.8	15.8	28.6
Don't Know	46.2	47.4	14.3

TABLE 30: SOURCES OF FUNDING: SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

SOURCES OF FUNDING	SERVICE PROVIDER FREQUENCIES		
	CA (n = 52)	HI (n = 19)	Am. Sam. (n = 7)
Federal Government	100.0	100.0	100.0
State Government/ Government of American Samoa	69.2	89.5	71.4
Local Government	61.5	-	N/A
Foundation	1.9	5.3	-
United Way	1.9	10.5	-
Contributions	7.7	10.5	-
Other (Fees, Private Insurance)	9.6	-	-

Note: Columns total to more than 100% due to multiple reponses

TABLE 31: TYPES OF ACTIVITIES UNDERTAKEN: SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

ACTIVITIES	SERVICE PROVIDER FREQUENCIES		
	CA (n = 52)	HI (n = 190)	Am. Sam. (n = 7)
Outreach	88.5	78.9	71.4
Intake	92.3	94.7	71.4
Diagnosis	48.1	73.7	57.1
Treatment/Direct Service to Clients	92.3	89.5	71.4
Referral	94.2	100.0	57.1

Note: Columns total to more than 100% due to multiple responses

comprehensive array, including outreach, intake, diagnosis, treatment/direct service to clients, and referral. More than two-thirds of the agencies in all locations undertook all of these activities, with the exception of relatively more limited diagnosis efforts on the part of California agencies.

As to geographic areas (Table 32), the majority of California and Hawaii agencies (56% and 68% respectively) worked within a designated catchment area; of next most commonly, a county-wide jurisdiction (27% and 16%, respectively). Few areas operated at the neighborhood level, or at the areawide, region, or state levels. In American Samoa,

TABLE 32: GEOGRAPHIC SERVICE AREAS: SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

GEOGRAPHIC SERVICE AREA	SERVICE PROVIDER FREQUENCIES		
	CA (n = 52)	HI (n = 19)	Am. Sam. (n = 7)
Neighborhood	-	5.3	-
Catchment or Attendance Area	55.8	68.4	14.3
City/Village	5.8	-	-
County	26.9	15.8	-
Areawide	11.5	-	-
Region	-	-	-
State	-	10.5	-
Entire County	N/A	N/A	85.7

all but a pilot project associated with the school district regarded the entirety of American Samoa as their service area. What this meant in terms of target population was that one-third of the California and Hawaii agencies could knowledgeably target fewer than 25,000 people for whom they were trying to provide services; and approximately one-half of the agencies located in American Samoa attempted to meet the needs of 1,000 to 2,500 persons.

Agencies in all three locations indicated that they most frequently contacted potential referral sources as a means of informing their target populations of available services (Table 33). Other common strategies were written materials,

TABLE 33: MEANS USED TO INFORM TARGET POPULATION OF AVAILABLE SERVICES: SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

MEANS TO INFORM TARGET POPULATION	SERVICE PROVIDER FREQUENCIES		
	CA (n = 52)	HI (n = 19)	Am. Sam. (n = 7)
Contact with potential referral services	90.4	68.4	85.7
Flyers/leaflets/signs	78.8	73.7	42.9
Outreach workers	76.9	63.2	57.1
Newspapers	59.6	36.8	71.4
Radio	51.9	31.6	85.7
Television	44.2	15.8	85.7
Other	26.9	15.8	42.9
None	5.8	-	-

including flyers, and newsletters, particularly to parents of students in educational programs; and outreach workers. The media were generally used less frequently than these other means, except in American Samoa where they were employed extensively.

All of the agencies displayed relative confidence in their success in informing clients generally about available services, although in Hawaii there was greater reluctance to guage the extent of success. Most attributed their success, or lack of it, to outreach efforts: those who felt they were less than successful also believed their outreach capability was deficient. Some attributed success of word-of-mouth referral from satisfied service recipients. Several suggested that cultural differences inhibited utilization, such as attitudes towards mental health and alcoholism concepts, or constraints generated by the lack of bilingual capacity.

3.2. Special Efforts for Serving Samoan Clients

Service delivery agencies located in California and Hawaii had difficulty identifying the number of clients within their service area who were Samoan (Table 34). Nearly 40% of the California and almost one-half of the Hawaii agencies would not even hazard a guess. Of those who did provide estimates, approximately two-fifths of the agencies in both California and Hawaii targeted the number of potential Samoan recipients

TABLE 34: ESTIMATED NUMBER OF POTENTIAL SAMOAN SERVICE RECIPIENTS WITHIN SERVICE AREA: SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

NUMBER OF POTENTIAL SAMOAN SERVICE RECIPIENTS	SERVICE PROVIDER FREQUENCIES	
	CA (n = 52)	HI (n = 19)
Less than 100	11.5	5.3
100 - 499	21.2	15.8
500 - 1,999	7.7	21.1
2,000+	21.2	10.5
Don't know	38.5	47.4

within their service areas at less than 2,000. These estimates were based, for the most part, on "best guesses" of the respondent, although a few referenced census data, special studies, and the estimates provided by other informed sources. As shown in Table 35, the percentage of potential Samoan clients actually receiving services was set by approximately one-half of these agencies at 25% or less. On the other hand, 12% of the California agencies and 21% of the Hawaii sample felt they were reaching 76 to 100% of the Samoan population within their service area. For the typical U.S. provider, therefore, with a potential service population of less than 25,000, of whom fewer than 2,000 were estimated to be Samoan, the number of Samoans who might be receiving services approximated 500 clients or less. As for documenting

TABLE 35: ESTIMATED PERCENTAGE OF POTENTIAL SAMOAN CLIENTS ACTUALLY RECEIVING SERVICE: SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

PERCENTAGE OF POTENTIAL SAMOAN CLIENTS RECEIVING SERVICE	SERVICE PROVIDER FREQUENCIES	
	CA (n = 52)	HI (n = 19)
0 - 25	50.0	42.1
26 - 50	3.8	10.5
51 - 75	5.8	-
76 - 100	11.5	21.1
Don't Know	28.8	26.3

TABLE 36: ESTIMATED NUMBER OF POTENTIAL SAMOAN SERVICE RECIPIENTS: CALIFORNIA SERVICE PROVIDER FREQUENCIES BY TARGET POPULATION SIZE (% OF TOTAL)

NUMBER OF POTENTIAL SAMOAN SERVICE RECIPIENTS	SERVICE PROVIDER FREQUENCIES					
	Less than 25,000 (n = 13)	25,000 - 99,000 (n = 7)	100,000 - 499,000 (n = 6)	500,000 + (n = 7)	Don't know (n = 19)	All CA (n = 52)
Less than 100	30.8	-	-	-	10.5	11.5
100 - 499	30.8	14.3	-	-	31.6	21.2
500 - 1,999	15.4	14.3	16.7	-	-	7.7
2,000 +	-	28.6	33.3	85.7	5.3	21.2
Don't know	23.1	42.9	50.0	14.3	52.6	38.5

TABLE 37: ESTIMATED NUMBER OF POTENTIAL SAMOAN SERVICE RECIPIENTS: HAWAII SERVICE PROVIDER FREQUENCIES BY TARGET POPULATION SIZE (% OF TOTAL)

NUMBER OF POTENTIAL SAMOAN SERVICE RECIPIENTS	SERVICE PROVIDER FREQUENCIES					
	Less than 25,000 (n = 6)	25,000 - 99,000 (n = 3)	100,000 - 499,000 (n = 1)	500,000 + (n = 1)	Don't know (n = 8)	All HI (n = 19)
Less than 100	16.7	-	-	-	-	5.3
100 - 499	33.3	-	-	-	12.5	15.8
500 - 1,999	33.3	33.3	-	-	12.5	21.1
2,000+	-	66.7	-	-	-	10.5
Don't know	16.7	-	100.0	100.0	75.0	47.4

this estimate, ethnic descriptors utilized by service providers in the collection of demographic information on clients appeared to permit substantial accuracy on the part of Hawaiian providers, since nearly all included a Samoan descriptor (Table 38). Among California agencies, however, the retrieval capability for the specific identification of Samoan clients was limited. Only one-fourth indicated that Samoans would actually be classified under the descriptor "Samoan"; rather, "Asian," "Pacific Islander," "Other," "Non-White Other," and "Asian-Other" would be utilized (in decreasing frequency), thus absorbing the Samoan population into categories from which it would be very difficult to break out specific ethnic groups.

Few of the agencies located in California and Hawaii had conducted special studies of their actual Samoan client population. Approximately 12% (six in number) had done so in California; five of the six indicated that their studies related to Samoan client service needs, while three of the agencies had conducted studies which provided information on Samoan client characteristics. Both of the Hawaii agencies which had undertaken such studies had included components related to client characteristics, service needs, and service barriers. None of the agencies in either location had attempted to study Samoan client satisfaction with existing services.

TABLE 38: ETHNIC DESCRIPTOR USED TO CATEGORIZE SAMOAN CLIENTS: SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

ETHNIC DESCRIPTOR USED TO CATEGORIZE SAMOAN CLIENTS	SERVICE PROVIDER FREQUENCIES	
	CA (n = 52)	HI (n = 19)
Samoan	25.0	73.7
Pacific Islander	15.4	-
Asian	19.2	-
Asian - Other	7.7	-
Minority - Other	-	-
Non-White - Other	13.5	-
Other	15.4	-
Not Applicable	-	21.1
Don't Know		5.3

The service provider agencies located in American Samoa, on the other hand, based their estimates of the size of Samoan target populations on the findings of various studies, their own and those conducted by others, and were generally more optimistic as to the percentage of potential Samoan service recipients they were actually reaching. Of the seven agencies, three claimed to be serving 76 to 100 percent of their potential Samoan clientele; one supposed 51 to 75 percent; and two limited their effect to 25 percent or less of the potential recipients. Six of the seven agencies had conducted special studies of their actual Samoan client population, most frequently with regard to service needs and client characteristics, but also two studies of service barriers, and one of client satisfaction. All of the agencies did collect basic demographic information on their clients, and in that regard universally utilized the ethnic descriptor of "Samoan," and therefore felt substantive condfidence in their ability to identify Samoan clients as necessary.

As shown in Table 39, service providers located in California estimated a slightly larger average period of residence for their Samoan clients than did Hawaii agencies. Approximately the same percentage of California agencies estimated that their Samoan clients had resided in their district for more than 4 years as the percentage of Hawaii agencies estimating a residency period of 4 years or less for their clients.

TABLE 39: LENGTH OF RESIDENCE OF THE MAJORITY OF SAMOAN CLIENTS WITHIN SERVICE AREA: SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

LENGTH OF RESIDENCE OF SAMOAN CLIENTS	SERVICE PROVIDER FREQUENCIES	
	CA (n = 52)	HI (n = 19)
Less than 1 year	-	15.8
1 - 2 years	15.4	5.3
3 - 4 years	23.1	42.1
5 - 10 years	38.5	31.6
More than 10 years	7.7	5.3
Don't know	11.5	-
Not applicable	3.8	-

Services or programs designed specifically to serve Samoan clientele were offered by approximately one-half of the sampled California agencies and two-thirds of the sampled Hawaii agencies. English as a Second Language (ESL) and bilingual education programs, along with special orientation programs for Samoan students, were among the projects most frequently cited. Special outreach efforts were also mentioned. A larger proportion of agencies in both California and Hawaii indicated they had introduced modifications into their regular service program in order to enhance its

effectiveness for Samoan clients. Almost universally, such a modification consisted of the hiring of a Samoan bilingual person. Frequently the bilingual capability of the individual resulted in his/her assuming the responsibilities of translator and cultural liaison with the Samoan community. Other program modifications included several instances of segregating the Samoan recipients for the service delivery, e.g., centralizing the Samoan caseload with one worker, or creating an ESL component exclusively for Samoans. Occasionally, agencies had attempted to overlay their regular service with features responsive to the Samoan culture, as in nutrition projects which served familiar Samoan dishes. Other agencies actually changed their array of services, developing an outpatient capacity, for example, when it became clear that Samoans would not utilize inpatient treatment.

Specifically with reference to bilingual issues, survey findings related to a variety of programmatic features indicated that agencies were attempting to respond to an identified need for Samoan bilingual capacity, but generally lacked sufficient resources. As shown in Table 40, more than one-fourth of their Samoan clients were perceived by substantial numbers of California and Hawaii agencies to have difficulty communicating in the English language. This perception was reported by two-thirds of the California providers and 85% of the Hawaii providers. In American Samoa, as high a

proportion of clients as 76% to 100% were perceived by four of the seven agencies to be constrained by their lack of ease with the English language.

TABLE 40: ESTIMATED PROPORTION OF SAMOAN CLIENTS WITH ENGLISH LANGUAGE DIFFICULTIES: SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

ESTIMATED PERCENTAGE OF CURRENT SAMOAN CLIENTS WITH DIFFICULTIES WITH THE ENGLISH LANGUAGE	SERVICE PROVIDER FREQUENCIES		
	CA (n = 52)	HI (n = 19)	Am. Sam. (n = 7)
0 - 25%	32.7	15.8	
26 - 50%	11.5	26.3	42.9
51 - 75%	13.5	15.8	
76 - 100%	32.7	21.1	57.1
Not Applicable	1.9	-	-
Don't Know	7.7	21.1	-

As a measure of their resources to respond to such difficulties, approximately one-half of the California agencies and 37% of the Hawaii agencies had no Samoan employees or other Samoan bilingual staff (Table 41). In California nearly all of those agencies which did have Samoan or Samoan bilingual staff were limited to one or two such employees; three agencies had three or more Samoan employees. The context for such numbers is the fact that only approximately 40% of the California agencies had fewer than 25 employees, and the numbers of all staff ranged to over 100. In Hawaii, on the other hand, where total staff tended to be smaller (nearly two-thirds of the agencies had fewer than 25 employees), about one-third of the agnecies employed at least three or more Samoans.

TABLE 41: SAMOAN-SPEAKING EMPLOYEES: SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

SAMOAN-SPEAKING EMPLOYEES	SERVICE PROVIDER FREQUENCIES	
	CA (n = 52)	HI (n = 19)
None	50.0	36.8
One	30.8	21.1
Two	15.4	5.3
Three or more	8.8	31.6
Don't know	-	5.3

In American Samoa, the incidence of Samoan and/or Samoan-speaking staff matched closely the distribution of numbers of all staff (Table 42). The ratio of Samoan to all staff members was highest in American Samoa and least in California, whereas the frequencies of clients perceived to have English-speaking difficulties were highest in American Samoa and least in Hawaii. Accordingly, more than one-half of the California agencies and 42% of the Hawaii providers felt additional Samoan bilingual staff were needed, whereas providers located in American Samoa were, for the most part, unresponsive to any such additional needs.

TABLE 42: SAMOAN-SPEAKING EMPLOYEES: AMERICAN SAMOA SERVICE PROVIDER FREQUENCIES (% OF TOTAL)

SAMOAN-SPEAKING EMPLOYEES	SERVICE PROVIDER FREQUENCIES Am. Sam. (n = 7)
Less than 10	28.6
11 - 30	28.6
31 - 50	28.6
More than 50	-
No Response	14.3

As shown in Table 43, agencies in all three locations indicated that special efforts had been made to hire Samoan and/or Samoan bilingual staff. In American Samoa, one agency had provided English language tutoring. In Hawaii, over one-half of the agencies had undertaken special efforts; most of these reported that Samoan bilingual capability had been an employment criterion. In California, over one-fifth of the agencies claimed to have contacted special recruitment sources to identify prospective staff; other agencies had waived some job requirements in order to hire Samoan staff, or had created a special job category.

TABLE 43: SPECIAL EFFORTS TO HIRE SAMOAN AND/OR BILINGUAL STAFF SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

SPECIAL EFFORTS TO HIRE SAMOAN AND/OR BILINGUAL STAFF	SERVICE PROVIDER FREQUENCIES		
	CA (n = 52)	HI (n = 19)	Am. Sam. n = 17)
Use special recruitment sources	23.1	10.5	-
Waive some job requirements	15.4	5.3	-
Create special job category	11.5	-	-
Bilingual capability an employment criterion	7.7	42.1	-
Provide educational grants	5.8	-	-
Provide English language tutoring	5.8	-	14.3
Other	1.9	-	-

Client informational materials in the Samoan language were most prevalent in American Samoa, where six of the seven agencies provided Samoan translations of all service forms and materials. Such materials were also available from Hawaii providers, however, as shown in Table 44. Both service descriptions and educational materials were available in Samoan from approximately one-half of the agencies. In California, this proportion dropped to approximately one-fourth of the agencies.

TABLE 44: MATERIALS TRANSLATED INTO SAMOAN: SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

MATERIALS TRANSLATED INTO SAMOAN	SERVICE PROVIDER FREQUENCIES	
	CA (n = 52)	HI (n = 19)
Educational materials (curriculum)	25.0	52.6
Service descriptions	23.1	42.1
Service eligibility requirements	11.5	26.3
Newsletters and announcements	11.5	15.8
Service application forms	9.6	21.1
Building signs	5.8	-
General consumer information	1.9	10.5

In-service training for current staff to enhance their effectiveness with Samoan clients was undertaken by 54% of the California and 63% of the Hawaii agencies. The nature of the training, however, varied from Samoan-specific formal presentations to general efforts to make staff aware of the importance of acknowledging cultural differences. In Hawaii, efforts tended to include more formalized opportunities, involving the participation of Samoan leaders in workshops, lectures, and other educational programs. In California, most frequently in-service training was characterized as the sharing of information among staff members as knowledge of the Samoan culture was gained, particularly when a Samoan staff member was present. Written in-service training materials were rarely available, however; only in California were these reported, and there the materials were almost always articles or brochures randomly received by the agency, rather than developed in-house.

In general, agency interaction with the larger Samoan community was frequently moderate, or substantial with the families of clients, among approximately two-thirds of the agencies. For other additional contacts, the California agencies tended to communicate more extensively with the Samoan chiefs and Samoan civic organizations, whereas the Hawaii agencies were more in touch with Samoan churches. Agencies located in American Samoa had extensive contact with all four elements of the community. These findings are based on the data arrayed in Table 45.

TABLE 45: EXTENT OF INVOLVEMENT BETWEEN STAFF AND THE SAMOAN COMMUNITY SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

EXTENT OF INVOLVEMENT BETWEEN STAFF AND THE SAMOAN COMMUNITY	SERVICE PROVIDER FREQUENCIES											
	FAMILIES OF CLIENTS			SAMOAN LEADERS/ MATAIS			SAMOAN CHURCHES			SAMOAN CIVIC ORGANIZATIONS/ ADVOCACY GROUPS		
	CA (n=52)	HI (n=19)	AM.SAM (n=7)	CA (n=52)	HI (n=19)	AM.SAM (n=7)	CA (n=52)	HI (n=19)	AM.SAM (n=7)	CA (n=52)	HI (n=19)	AM.SAM (n=7)
None	7.7	5.3	14.3	23.1	26.3	28.6	51.9	36.8	28.6	42.3	52.6	14.3
Limited	25.0	21.1	28.6	36.5	52.6	14.3	25.0	26.3	14.3	28.8	31.6	14.3
Moderate *	21.2	36.8	N/A	21.2	10.5	N/A	11.5	26.3	N/A	15.4	10.5	N/A
Substantial	42.3	36.8	57.1	19.2	10.5	57.1	11.5	10.5	57.1	13.5	-	71.4
Not Applicable	-	-	-	-	-	-	-	-	-	-	5.3	-
Don't Know	3.8	-	-	-	-	-	-	-	-	-	-	-

*Response category not included on American Samoa questionnaire.

3.3. Summary of Findings on the Human Service Delivery System

This section summarizes the findings of the survey of HEW-funded service providers. As a means of encapsulating the preceding discussion, the characteristics of the "typical" human service agency are presented schematically by geographic location in Table 46. "Typical" characteristics are generally those reported by a substantial proportion of the agencies, comprising actual rather than average performance.

Receptivity among service providers to HEW interest in serving the special needs of Samoans was evidenced by approximately two-thirds of the agency respondents. A small group of these, or roughly 20% of the respondents overall, were knowledgeable and effective with respect to the needs of their Samoan client. The balance were concerned about potential Samoan clients, but either judged themselves ignorant as to the special needs of the Samoans, or stymied by the lack of programmatic resources, including restrictive regulations. The remaining one-third of the agencies were unresponsive or hostile to the singling out of Samoans as a target population. Some sustained a relatively passive attitude, which did not recognize either the special needs of Samoans or the responsibility of the agency to meet them; rather, that the dispensation of service was routine and non-discriminatory. A small number were explicitly hostile, with accusatory attitudes toward the Samoans and HEW.

TABLE 46: TYPICAL CHARACTERISTICS OF HEW-FUNDED HUMAN SERVICE AGENCIES: SERVICE PROVIDERS BY GEOGRAPHIC LOCATION

PROGRAM CHARACTERISTICS	SERVICE PROVIDERS		
	CA (n = 52)	HI (n = 19)	AM.SAM. (n = 7)
Program Type	• Educational and/or health service	• Educational and/or health service	• Educational and/or health service
HEW Funding Sources	• Community Mental Health Centers - Comprehensive Services Support • Special Services for Disadvantaged Students • Bilingual Education • Medicare-Hospital Insurance	• Public Assistance - Social Services • Family Planning Projects • Special Services for Disadvantaged Students	• Maternal and Child Health • Alcohol Community Service Program
% HEW Funding	• Couldn't specify	• Couldn't specify	• 25% or less
Other Funding Sources	• State Government • Local Government	• State Government	• Government of American Samoa
In Operation	• More than 10 years	• 6 - 10 years	• More than 10 years

PROGRAM CHARACTERISTICS	SERVICE PROVIDERS		
	CA (n = 52)	HI (n = 19)	AM.SAM. (n = 7)
Functional Areas	• Outreach • Intake • Limited Diagnosis • Treatment/Direct Service • Referral	• Outreach • Intake • Diagnosis • Treatment/Direct Service • Referral	• Outreach • Intake • Diagnosis • Treatment/Direct Service • Referral
Geographic Area Served	• Catchment or Attendance Area	• Catchment or Attendance Area	• American Samoa
Total Number of Staff	• 25 to more than 100	• Less than 25	• Average 30
Total Number of Samoan Employees	• Zero (0)	• One or More	• Average 30
Staff Needs in Order to Respond More Effectively	• More Bilingual	• More Bilingual	• Adequate Bilingual Capability
Special Efforts to Hire	• Special Recruitment	• Samoan Bilingual Employment Criteria	• No
Samoan Culture In-Service Training	• Yes, Informal	• Yes, Formal and Informal	• -

PROGRAM CHARACTERISTICS	SERVICE PROVIDERS		
	CA (n = 52)	HI (n = 19)	AM. SAM. (n = 7)
Size of Target Population	• Less Than 25,000	• Less Than 25,000	• 1,000 to 2,500
Means to Inform Target Population	• Contact Potential Referral Sources • Flyers, Leaflets, Signs	• Contact Potential Referral Sources • Flyers, Leaflets, Signs	• Contact Potential Referral Sources • Radio/TV
Perceived Success Informing Target Population	• Very Successful/ Successful (attributed to outreach)	• Very Successful/ Successful	• Very Successful/ Successful
Potential Samoan Clients	• Less than 2,000	• Less than 2,000	• 1,001 to 2,500
Ethnic Description	• Variety	• Samoan	• Samoan
Studies of Samoan Clients	• No	• No	• Yes

The greatest amount of interface between agency and Samoan clientele, with implications for the agency's knowledge-ability and responsiveness, occurred in the program areas of health, income assistance and social services, and education, including adult education. Less involved with the Samoans were vocational education programs, and those in the fields of mental health, alcohol and drug abuse.

Among the more tangible difficulties encountered in attempts to serve Samoans was the unavailability of adequate support documentation, and subsequent, inadequate agency record-keeping procedures. Birth certificates and migration records were missing, or the relationships of household members could not be substantiated. Changes in household membership or other circumstances went unreported. Because agency staff typically were ignorant of Samoan nomenclature, the names under which clients were registered were inconsistent, so that multiple files were maintained on a single client. Few service providers showed any awareness of special difficulties encountered with respect to migrants from Western Samoa.

One of the indicators of a lack of familiarity on the part of agency respondents with the Samoan culture was the assumption, expressed several times, of the existence of prohibitively numerous dialects in the Samoan language, thereby rendering infeasible the translation of informational materials.

The presumption of this study, that human service delivery to American Samoans at this time involved challenges disproportionate to the actual numbers of Samoans in target populations, was reflected in the attitudes of those service providers who were at all receptive to HEW interest. There appeared to be two dimensions on which such special concerns were registered. In such areas as health, the Samoans had specific types of problems to a degree disproportionate to that exhibited by the general target population, e.g., a relatively high incidence of lice, leprosy, and tuberculosis (along with the more common cardiovascular diseases). Secondly, the differences in cultural mores rendered even those needs which were common to all of the target population extraordinary to address. Examples were readily forthcoming: Samoans arriving "late" for appointments or accompanied by a dysfunctionally large number of relatives; a reticence to ask for help or to volunteer information; the extent to which decisions related to human service needs might be subject to approval of an authority figure; and a perceived lack of personal motivation.

In cases where agencies had Samoan employees, unless the agency was specifically oriented to the service of Samoan clients, the Samoan staff members tended to be in low level positions, as aides and support staff rather than in professional positions. At the same time, however, these Samoan employees were frequently performing duties beyond those

routinely required of their position, as for example, the Samoan clerical worker in the welfare department who regularly served as interpreter during interviews of Samoan clients by social workers. Most agency respondents were frank about their utilization of Samoan staff in this way, asserting that that the absence of credentials and other employment criteria prevented the placement of Samoans in more appropriate job classifications. One high school had hired a Samoan as a custodian, and referred all disciplinary problems with the sizable Samoan student population to him, including parent contacts. The Samoan community had lobbied for the hiring of this individual as a counselor, but his degree earned in American Samoa did not qualify him under California employment criteria; rather than not hire him at all, the school proposed the custodial position. It appeared to be a prevalent pattern, however, that the rare Samoan employee was relied on as a resource for virtually all aspects of service delivery to Samoan clients, including roles as interpreter, translator of written materials, outreach worker, and spokesperson for needs of the community.

The most successful programs in California and Hawaii appeared to be those which enlisted the support of the Samoan leaders, whether they were associated with the tribe, the church, or an advocacy group. Nevertheless, there was divided comment among the agencies as to willingness to work with such leaders, the

hazards of alienating portions of the Samoan community which were not affiliated with such leaders, and the receptivity of the Samoan community to Samoan staff workers.

Section 4

EFFECTIVENESS OF HUMAN SERVICE DELIVERY

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4. EFFECTIVENESS OF HUMAN SERVICE DELIVERY

In terms of both actual patterns of utilization and delivery, this chapter examines measures of success and difficulty in service delivery from the perspective of the Samoan clients and that of the service providers, and concludes with their perceptions regarding improvement strategies.

4.1. Samoan Utilization of Human Services

Samoan household respondents were asked to report on their utliziation of various human service facilities. With regard to obtaining medical services, the households were asked whether they would visit a doctor, a clinic, a hospital, or a Samoan healer to obtain help for a serious medical problem. In California, all but 15% said they would utilize the hospital, as did 98% of the Samoa residents. By contrast, only about one-half of the Hawaii group indicated a preference for the hospital; an additional 43% would elect to use the services of a doctor, as would 12% of the Californians. Only in American Samoa did any respondents indicate that they would visit a Samoan healer, and there the proportion was only 1%.

Contrasting Table 47 with Table 48 reveals that Californians did, in fact, make greater use of clinics and hospitals than of physicians, with a slight preference shown for physician services, particularly among the randomly-sampled Hawaii

TABLE 47: VISITS OF HOUSEHOLD MEMBERS TO CLINICS OR HOSPITALS IN PAST TWELVE MONTHS: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

VISIT OF HOUSEHOLD MEMBERS TO CLINICS OR HOSPITAL WITHIN PAST TWELVE MONTHS	HOUSEHOLD FREQUENCIES		
	CA (n=204)	HI (n=250)	Am. Sam. (n=190)
0	25.5	12.4	34.2
1 - 2	8.8	18.8	3.2
3 - 4	19.1	20.0	21.1
5 - 6	16.7	16.4	24.2
7+	29.9	31.6	16.8
Don't Know	-	0.8	0.5

respondents. Residents of American Samoa had the lowest visitation rates to hospitals within the past 12 months, even though the hospital facility was their exclusive means of access to all types of medical practitioners, including dentists; one-third had received no care at all. Of those Californians who had not visited a hospital or clinic within the past 12 months, approximately two-thirds gave as rationale the absence of medical problems requiring hospital

TABLE 48: VISITS OF HOUSEHOLD MEMBERS TO DOCTOR IN PAST 12 MONTHS: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

VISITS OF HOUSEHOLD MEMBERS TO DOCTOR WITHIN PAST 12 MONTHS	HOUSEHOLD FREQUENCIES	
	CA (n=204)	HI (n=250)
0	48.0	11.6
1 - 4	11.3	24.8
5 - 9	18.6	28.4
10 - 14	13.7	18.8
15 - 19	5.4	2.4
20+	2.9	14.0
Don't Know	-	-

treatment. At the same time, however, approximately two-fifths each said they took care of health problems at home or resorted to other types of service providers; and one-fifth claimed they lacked funds for hospital care. The vast majority of Hawaiian respondents cited an absence of medical problems as the reason for not utilizing hospitals,

and one-third said they preferred other types of providers, presumably physicians. Residents of American Samoa, of whom over one-third had not visited the hospital for any of the comprehensive medical services provided there, typically reported that either there were no medical problems or that they took care of such problems at home. These findings are documented in Table 49.

TABLE 49: REASON(S) FOR NOT VISITING A CLINIC/HOSPITAL WITHIN PAST 12 MONTHS: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

REASON(S) FOR NOT VISITING A CLINIC/ HOSPITAL WITHIN PAST 12 MONTHS	HOUSEHOLD FREQUENCIES		
	CA (n=52)*	HI (n=31)*	Am. Sam. (n=65)*
There were no medical problems requiring treatment at a clinic or hospital	65.4	80.6	50.8
We use other types of service providers for medical needs	44.2	32.3	9.2
We take care of health problems at home	38.5	22.6	47.7
We don't have the money for clinic or hospital care	17.3	6.5	N/A

*Universe adjusted by deletion of households which had not visited a clinic/hospital within past 12 months.

Note: Columns total to more than 100% due to multiple responses.

Reasons given by California residents for their significantly low utilization of physicians were the utilization of other types of service providers, and the absence of a regular doctor (Table 50). Only 16% of all Californians said they even had a regular doctor, as opposed to three-fourths of the Hawaii respondents.

TABLE 50: REASON(S) FOR NOT VISITING A DOCTOR WITHIN THE PAST 12 MONTHS: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

REASONS FOR NOT VISITING A DOCTOR WITHIN THE PAST 12 MONTHS	HOUSEHOLD FREQUENCIES	
	CA (n=98)*	HI (n=29)*
We use other types of service providers for medical needs (e.g., hospitals, clinics)	52.0	13.8
There were no medical problems which required a doctor's attention	41.8	69.0
We don't have a regular doctor	38.8	17.2
Other	7.1	-

*Universe adjusted by deletion of households which had visited a doctor within past 12 months

Note: Columns total to more than 100% due to multiple responses.

Types of services received from clinics and hospitals are arrayed in Table 51. U.S. residents most commonly received outpatient diagnosis and treatment. Californians also tended to make relatively frequent use of inpatient diagnosis and treatment and outpatient emergency. The Hawaiians visited clinics and hospitals almost exclusively for outpatient diagnosis and treatment. Like Californians, the residents of American Samoa reported relatively high utilization of various hospital services, including outpatient diagnosis and treatment, outpatient dental care, and outpatient emergency.

For those households in which a member had visited a physician in the past year, more than three-fourths of the Hawaiians indicated that it was for the purpose of receiving a physical examination. Other common services received were treatment of a minor illness or injury (56%) and immunizations (48%). In California, the much smaller proportion who visited physicians usually sought treatment for a minor ailment (78%), a physical examination (70%), or immunizations (63%).

As with utilization of physicians, there was lower utilization of dentists among Californians than among Hawaiians, with 53% of the Californians and 38% of the Hawaiians reporting no visits by household members within the past 12 months (see Table 52). More than twice as many of the welfare-assisted Hawaiian households as those randomly sampled had utilized

TABLE 51: TYPES OF CLINICAL SERVICES RECEIVED IN THE PAST 12 MONTHS: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

TYPE OF CLINICAL SERVICES RECEIVED IN THE PAST 12 MONTHS	HOUSEHOLD FREQUENCIES					
	CA		HI		Am.Sam.	
	RELATIVE FREQUENCIES (n = 204)	ADJUSTED FREQUENCIES (n = 152)	RELATIVE FREQUENCIES (n = 250)	ADJUSTED FREQUENCIES (n = 219)	RELATIVE FREQUENCIES (n = 190)	ADJUSTED FREQUENCIES (n = 125)
Outpatient - diagnosis and treatment	51.0	68.4	68.4	78.1	54.2	82.4
Inpatient - diagnosis and treatment	35.3	47.4	20.4	23.3	25.8	39.2
Outpatient - emergency	31.9	42.8	21.6	24.7	45.3	68.8
Outpatient - medical education	23.5	31.6	6.8	7.8	15.3	23.2
Inpatient - surgery	12.7	17.1	13.6	15.5	13.2	20.0
Inpatient - pregnancy	7.8	10.5	10.4	11.9	8.4	12.8
Outpatient - other	7.4	9.9	11.6	13.2	1.1	1.6
Inpatient - other	0.5	0.7	2.4	2.7	10.0	15.2
Outpatient - dental	N/A	N/A	N/A	N/A	46.3	70.4
None	25.5	N/A	12.4	N/A	34.2	N/A

Note: Columns total to more than 100% due to multiple responses.

Note: "Not Applicable" refers to the absence of an item in the array of possible response categories.

TABLE 52: VISITS OF HOUSEHOLD MEMBERS TO DENTIST WITHIN PAST 12 MONTHS: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

VISITS OF HOUSEHOLD MEMBERS TO DENTIST WITHIN PAST 12 MONTHS	HOUSEHOLD FREQUENCIES	
	CA (n=204)	HI (n=250)
0	52.5	38.4
1 - 2	9.3	17.6
3 - 4	13.2	11.6
5 - 6	11.8	10.4
7+	13.2	22.0

dentists. Reasons for not visiting a dentist, in addition to perceiving no need for dental care, were the lack of money and absence of a regular dentist, both responses proferred by approximately one-half of the California non-users. These reasons were less frequently mentioned by Hawaii respondents; as shown in Table 53, the absence of need was the most common reason given by far.

TABLE 53: REASON(S) FOR NOT VISITING A DENTIST WITHIN PAST 12 MONTHS: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

REASONS FOR NOT VISITING A DENTIST WITHIN THE PAST 12 MONTHS	HOUSEHOLD FREQUENCIES	
	CA (n=107)*	HI (n=96)*
We don't have the money for a dentist	51.4	27.1
There were no problems which required a dentist's attention	49.5	82.3
We don't have a regular dentist	47.7	18.8
Other	-	3.1

*Universe adjusted by deletion of households which had not visited a dentist within past 12 months

Note: Columns do not total to 100% due to multiple responses.

Approximately 61% of the Californians and 68% of the Hawaiians indicated that the nearest health facility, doctor, and dentist were generally those they chose to use. Household respondent estimates of distances to various human services providers are shown in Tables 54, 55, and 56. In the U.S., the most interesting finding with respect to these distances is the incidence of "Don't Know" responses: highest in relation to mental health centers and Samoan healers, lowest

TABLE 54: ESTIMATED DISTANCE TO THE NEAREST HEALTH SERVICE PROVIDERS: CALIFORNIA HOUSEHOLD FREQUENCIES BY SERVICE PROVIDER TYPE (% OF TOTAL)

DISTANCE TO THE NEAREST...	CALIFORNIA HOUSEHOLD FREQUENCIES (n = 204)					
	Doctor	Clinic	Hospital	Dentist	M.H. Center	Samoan Healer
Walking distance	5.4	5.9	4.4	7.4	3.9	15.2
Less than 5 miles	22.5	27.0	25.5	16.2	8.8	13.7
5-10 miles	21.6	27.0	38.2	25.0	5.9	15.7
10-15 miles	19.1	17.2	21.6	16.7	3.9	8.8
Over 15 miles	5.4	8.3	8.8	8.3	6.4	3.9
Don't know	26.0	14.7	1.5	26.5	71.1	42.6

TABLE 55: ESTIMATED DISTANCE TO THE NEAREST HEALTH SERVICE PROVIDER: HAWAII HOUSEHOLD FREQUENCIES BY SERVICE PROVIDER TYPE (% OF TOTAL)

DISTANCE TO THE NEAREST...	HAWAII HOUSEHOLD FREQUENCIES (n = 250)					
	Doctor	Clinic	Hospital	Dentist	M.H. Center	Samoan Healer
Walking distance	7.6	11.2	3.2	6.4	2.4	5.2
Less than 5 miles	24.4	26.4	15.2	20.8	1.6	3.6
5-10 miles	31.6	30.4	36.0	28.4	9.2	0.4
10-15 miles	14.4	14.0	26.0	10.4	2.8	0.8
Over 15 miles	12.4	8.8	14.8	12.8	12.8	2.4
Don't know	9.6	9.2	4.8	21.2	71.2	87.6

TABLE 56: ESTIMATED DISTANCE TO THE NEAREST HEALTH SERVICE PROVIDER: AMERICAN SAMOA HOUSEHOLD FREQUENCIES BY SERVICE PROVIDER TYPE (% OF TOTAL)

DISTANCE TO THE NEAREST	AMERICAN SAMOA HOUSEHOLD FREQUENCIES	
	Hospital	Samoan Healer
Walking distance	7.9	68.9
Less than 5 miles	22.1	18.9
5 - 10 miles	27.4	5.3
10 - 15 miles	16.3	1.1
More than 15 miles	24.2	-
Don't Know	2.1	5.8

with respect to hospitals. In American Samoa, whereas Samoan healers were located within walking distance of over two-thirds of the population, the hospital was similarly accessible to fewer than 8%. These estimates correlate with those of service providers with respect to the means of transportation utilized by the majority of clients to obtain services, as shown in Table 57.

TABLE 57: MEANS OF TRANSPORTATION UTILIZED BY MAJORITY OF SAMOAN CLIENTS TO OBTAIN SERVICES: SERVICE RPOVIDER FREQUENCIES BY GEOGRAPHIC AREA (% OF TOTAL)

MEANS OF TRANSPORTATION	SERVICE PROVIDER FREQUENCIES		
	CA (n = 52)	HI (n = 19)	AM.SAM (n = 7)
Auto	55.8	63.2	14.3
Public Transportation	17.3	5.3	14.3
Walk	9.6	21.1	28.6
Taxi	-	-	-
Service Provider Transport	9.6	5.3	28.6
Other	1.9	5.3	-
Don't Know	1.9	-	14.3
Not Applicable	3.8	-	-

Other areas of human servic s of which specific inquiry was made as to utilization were programs for the elderly, bilingual programs, and services addressed to specific, medically-related problems.

Only in American Samoa was extensive participation reported in any programs specifically designed for the elderly. Apprixmately three-fourths of the households with elderly members observed that these members participated in elderly nutrition and related programs. In the U.S., participation was limited to approximately one-fifth of the elderly population. Only approximately 40% of all those households which indicated that they needed help in addressing the problems of their elderly members had actually attempted to obtain outside assistance.

Bilingual program participation among U.S. residents was restricted to 5% of the California households, 6% of the Hawaii welfare recipients, and 3% of the Hawaii random sample. As shown in Table 58, over one-third of the California respondents and an average of approximately two-thirds of all Hawaii respondents did not even know of the existence of any bilingual education programs within their area; furthermore, fewer than 10% in either location knew positively that such programs were available.

TABLE 58: KNOWLEDGE OF LOCAL BILINGUAL EDUCATION PROGRAMS: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

IDENTIFIED BILINGUAL EDUCATION PROGRAMS	HOUSEHOLD FREQUENCIES		
	CA (n=204)	HI - A (n=174)	HI - B (n=76)
Yes	5.9	10.9	7.9
No	57.8	28.2	21.1
Don't Know	36.3	60.9	71.1

Knowledge of special school programs for Samoan children was virtually limited to 13% of the Hawaii welfare recipient sample. The randomly sampled Hawaii group pleaded ignorance; and the Californians were certain no such programs existed (Table 59). Knowledge of bilingual capability among medical, dental, and mental health service providers was more common in Hawaii, where 18% of the households knew of such programs. In California, however, only 6% could identify bilingual programs, as shown in Table 60.

Household respondents were asked if any member of their family had ever gone to a government agency or social program to obtain help in solving a problem.

TABLE 59: KNOWLEDGE OF LOCAL SPECIAL SCHOOL PROGRAMS FOR SAMOANS: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

IDENTIFIED SPECIAL SCHOOL PROGRAMS FOR SAMOAN CHILDREN	HOUSEHOLD FREQUENCIES		
	CA (n=204)	HI - A (n=174)	HI - B (n=76)
No	1.0	12.6	1.3
Yes	81.9	27.0	18.4
Don't Know	17.2	60.4	80.2

TABLE 60: KNOWLEDGE OF LOCAL BILINGUAL MEDICAL, DENTAL, OR MENTAL HEALTH AGENCIES: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

IDENTIFIED BILINGUAL MEDICAL, DENTAL, OR MENTAL HEALTH AGENCIES	HOUSEHOLD FREQUENCIES	
	CA (n=204)	HI (n=250)
Yes	6.9	18.0
No	90.7	66.4
Don't Know	2.5	15.6

Table 61 shows a positive response rate of 37% among Californians; 34% of the Hawaians; and 3% of the American Samoa residents, with an additional 25% indicating uncertainty. Almost universally, the type of assistance sought was income assistance, including welfare, food stamps, unemployment; in Hawaii, the second most frequent service sought was health insurance. Similarly, asked what programs or agencies in this area had been particularly helpful to the Samoan community, California respondents overwhelmingly indicated various income assistance programs offered through welfare departments, and, to a lesser extent, Social Security offices. In American Samoa, respondents particularly noted the utility of the CETA program and various projects for the elderly.

TABLE 61: UTILIZATION OF GOVERNMENT AGENCY/ SOCIAL PROGRAM: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC AREA (% OF TOTAL)

EVER GONE TO A GOVERNMENT AGENCY/SOCIAL PROGRAM	HOUSEHOLD FREQUENCIES		
	CA (n=204)	HI (n=250)	Am. Sam. (n=190)
Yes	36.8	34.4	2.6
No	59.8	52.0	72.1
Don't Know	3.4	13.6	25.2

4.2 Samoan Assessment of Service Delivery

Samoan household respondents were asked a variety of questions relating to their satisfaction with the existing service delivery system. On the subject of medical care (all types of providers), California respondents reported less ease of access than any other group. Table 62 presents the frequency distribution of responses on the issue of the extent of difficulty in obtaining good medical care. Those reporting no problems ranged from 53% of the California sample to 87% of the American Samoa sample. Major problems were reported by one-fifth of the California sample; and there was a slight but noticeable improvement in the access of the randomly-sampled Hawaii group over that of the Hawaii welfare recipients. Among the types of difficulties mentioned by Californians were: the lack of funds for medical services not covered by health insurance (e.g., prescriptions); language barriers; no car or other means of transportation; long waiting periods to receive service; and the diversity of doctors seen, presumably a function of HMO or county health department procedures, but presenting special difficulties to the Samoan who is already hampered by the lack of English language fluency and other cultural barriers. Dissatisfied Hawaiians also mentioned the language barrier and the lack of a regular physician as factors contributing to their difficulty in obtaining adequate medical care. In American Samoa, several dissatisfied respondents remarked on the long

waiting periods to see hospital professionals; on the other hand, respondents from the vast majority who reported no problems mentioned that Samoan treatments and home remedies significantly diminished their need for outside professional assistance.

TABLE 62: EXTENT OF PROBLEM IN OBTAINING GOOD MEDICAL CARE: HOUSEHOLD FRQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

EXTENT OF PROBLEM IN OBTAINING GOOD MEDICAL CARE	HOUSEHOLD FREQUENCIES			
	CA (n=204)	HI - A (n=174)	HI - B (n=74)	Am. Sam. (n=190)
No problem	52.5	67.2	71.1	86.8
A minor problem	18.1	10.9	11.8	3.2
A major problem	20.1	10.3	5.3	1.1
Don't know	9.3	11.4	11.8	9.0

Next, respondents were asked about their satisfaction with the medical care received from clinic/hospital service providers specifically. Once again, California respondents were least likely to express approval, with 28% characterizing the quality of service as poor. On the other hand, over two-thirds classified it as good or excellent; and respondents located in Hawaii and American Samoa demonstrated satisfaction to an even greater extent (see Table 63).

TABLE 63: QUALITY OF SERVICE RECEIVED FROM CLINIC/ HOSPITAL: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

QUALITY OF CLINIC/ HOSPITAL CARE	HOUSEHOLD FREQUENCIES		
	CA (n=152)*	HI (n=219)*	Am. Sam. (n=124)*
Excellent	3.3	1.4	9.7
Good	67.8	75.8	74.2
Fair	28.3	16.9	15.3
Poor	-	1.8	-
Dont's know	0.7	4.1	0.8

*Universe adjusted by deletion of those households which had not visited a clinic/hospital in the past 12 months.

The rate of dissatisfaction with medical care providers was highest among Californians with respect to physician services. Fully one-third of California households which had made use of physician services within the past year characterized the quality of service recived as only fair. As shown in Table 64, however, Hawaii respondents demonstrated relative satisfaction with doctor services. Asked specifically if they had trouble talking to doctors about medical problems (referencing the language barrier), 38% of the California respondents responded positively, as compared with only 23% of the Hawaii sample.

TABLE 64: QUALITY OF SERVICE RECEIVED FROM DOCTORS: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

QUALITY OF PHYSICIAN CARE	HOUSEHOLD FREQUENCIES	
	CA (n=106)	HI (n=224)*
Excellent	7.5	4.5
Good	59.4	73.2
Fair	33.0	16.5
Poor	-	1.8
Don't know	-	4.0

*Universe adjusted by deletion of those households which had not visited a doctor within the past 12 months.

Those respondents who had visited dentists typically felt well served, those classifying the service as fair or poor limited to approximately one-fourth of the California sample and 15% of the Hawaii sample (see Table 65). Among Californians, the most commonly expressed basis of dissatisfaction were difficulties arising from the language barrier.

Finally, the quality of their children's education was assessed by respondents in all three geographic locations. Dissatisfaction was highest in California, with over two-fifths of the sample responding with "fair" or "poor" assessments (see Table 66).

TABLE 65: QUALITY OF SERVICE RECEIVED FROM DENTISTS: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

QUALITY OF DENTAL CARE	HOUSEHOLD FREQUENCIES	
	CA (n=97)*	HI (n=154)*
Excellent	4.1	3.2
Good	69.1	79.2
Fair	25.8	13.6
Poor	1.0	1.3
Don't Know	-	2.6

*Universe adjusted by deletion of those households which had not visited a dentist within the past 12 months.

TABLE 66: QUALITY OF EDUCATION: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

QUALITY OF EDUCATION	HOUSEHOLD FREQUENCIES		
	CA (n=185)*	HI (n=193)*	Am. Sam. (n=161)*
Excellent	2.2	3.6	8.7
Good	55.7	63.7	64.6
Fair	39.5	22.3	0.6
Poor	1.0	0.5	0.6
Don't Know	1.6	9.8	2.5

*Universe adjusted by deletion of those households without currently enrolled students.

4.3. Service Provider Perceptions of Barriers to Delivery Utilization

Service provider respondents were asked to identify specific problems or constraints they had encountered in serving Samoan clients. Table 67 arrays the frequency distribution of the various difficulties, and Table 68 presents those obstacles as prioritized by degree of importance. A lack of funds was perceived as the most critical obstacle to service delivery in all three locations. U.S. agencies accorded second priority to a lack of knowledge about the Samoan culture, which was also the most frequently occurring difficulty. A lack of qualified bilingual staff was designated third priority in the U.S., with a correspondingly high incidence of occurrence; insufficient numbers of bilingual staff were also of concern. Other obstacles cited included understaffing, inadequate outreach, including numbers of outreach staff, and inadequate publicity of services.

The exceptionally high percentage of Hawaii service agencies who responded that they had not encountered barriers to service delivery prompted an analysis of selected characteristics of this group of respondents as compared with those of all agencies. No remarkable variations were noted, except that these agencies offered fewer services specifically for Samoans than was generally true of all agencies, more likely a consequence of, than a contributing factor to, their

TABLE 67: OBSTACLES TO SERVICE DELIVERY TO AMERICAN SAMOANS SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

OBSTACLES TO SERVICE DELIVERY	SERVICE PROVIDER FREQUENCIES					
	CA		HI		Am. Sam.	
	RELATIVE FREQUENCIES (n = 52)	ADJUSTED FREQUENCIES (n = 42)	RELATIVE FREQUENCIES (n = 19)	ADJUSTED FREQUENCIES (n = 7)	RELATIVE FREQUENCIES (n = 7)	ADJUSTED FREQUENCIES (n = 5)
Lack of knowledge about the Samoan culture	42.3	52.4	26.3	71.4	14.3	20.0
Lack of qualified bilingual staff	34.6	42.9	15.8	42.9	-	-
Difficulty recruiting bilingual staff	34.6	42.9	10.5	28.6	14.3	20.0
Insufficient bilingual staff	32.7	40.5	21.1	57.1	-	-
Lack of funds	30.8	38.1	21.1	57.1	57.1	80.0
Understaffed	28.8	35.7	15.8	42.9	42.9	60.0
Inadequate outreach effort	23.1	28.6	26.3	71.4	14.3	20.0
Services inadequately publicized	23.1	28.6	26.3	71.4	14.3	20.0
Lack of outreach staff	21.2	26.2	10.5	28.6	28.6	40.0
Lack of office space	13.5	16.7	10.5	28.6	-	-
Location of services	9.6	11.9	15.8	42.9	14.3	20.0
None/Don't know	19.2	N/A	63.2	N/A	28.6	N/A

Note: Columns do not total to 100% due to multiple responses

TABLE 68: FIRST, SECOND, AND THIRD MOST CRITICAL OBSTACLE TO SERVICE UTILIZATION BY AMERICAN SAMOANS: SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

OBSTACLES TO SERVICE DELIVERY	SERVICE PROVIDER FREQUENCIES								
	CA (n = 42)* PRIORITIES			HI (n = 7)* PRIORITIES			AM.SAM. (n = 5)* PRIORITIES		
	#1	#2	#3	#1	#2	#3	#1	#2	#3
Lack of funds	26.2	7.1	-	-	28.6	-	60.0	-	-
Lack of knowledge about Samoan culture	14.3	9.5	19.0	42.9	14.3	14.3	-	-	-
Lack of qualified bilingual staff	11.9	11.9	4.8	-	-	-	-	-	-
Insufficient bilingual staff	16.7	4.8	2.4	-	-	28.6	-	-	-
Understaffed	7.1	9.5	4.8	-	-	-	20.0	40.0	-
Inadequate outreach effort	2.4	4.8	7.1	14.3	14.3	28.6	-	-	-
Difficulty recruiting bilingual staff	7.1	9.5	9.5	-	-	-	20.0	-	-
Services inadequately publicized	2.4	4.8	-	28.6	14.3	-	-	-	-
Lack of outreach staff	2.4	7.1	7.1	-	-	-	-	-	20.0
Location of services	-	4.8	-	-	-	-	-	-	20.0
Lack of office space	4.8	-	2.4	-	-	-	-	-	-
None/Don't know	4.8	26.2	42.9	14.3	28.6	28.6	-	60.0	60.0

*Universe adjusted by deletion of agencies who had not encountered obstacles to service delivery

perception. It is highly robable, however, that responses were skewed by a methodological factor; specifically, the sequencing of questions, which was different from that of the California instrumentation.

Service providers were also asked to specify factors which prevented Samoan clients from utilizing available services. Their responses were recorded by frequency (Table 69) and prioritization (Table 70), the first three items of each corresponding in the U.S. These issues were, in order: language problems, cultural incompatibility, and insufficient information about the existence of services. In American Samoa, cultural incompatibility[1] was the greatest concern. Most of the other problems noted were subsets of these, e.g., written forms (language problems), or distrust and complicated procedures (cultural incompatibility). The only other major area of concern was transportation.

4.4. Samoan and Service Provider Solution Strategies

California Samoans indicated overwhelmingly that they believed government programs could help solve problems of the Samoan community, whereas Hawaiians were evenly split between affirming government programs and expressing uncertainty; and residents of American Samoa most often pleaded ignorance (see Table 71). The reasons California respondents gave for their affirmative vote were varied, but most often referred

TABLE 69: OBSTACLES TO SERVICE UTILIZATION BY AMERICAN SAMOANS: SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

OBSTACLES TO SERVICE UTILIZATION	SERVICE PROVIDER FREQUENCIES					
	CA		HI		Am.Sam.	
	RELATIVE FREQUENCIES (n = 52)	ADJUSTED FREQUENCIES (n = 48)	RELATIVE FREQUENCIES (n = 19)	ADJUSTED FREQUENCIES (n = 13)	RELATIVE FREQUENCIES (n = 7)	ADJUSTED FREQUENCIES (n = 7)
Language problem	65.4	70.8	63.2	92.3	-	-
Cultural incompatibility	63.5	68.8	57.9	84.6	100.0	100.0
Insufficient information about existence of services	46.2	50.0	47.4	69.2	14.3	14.3
Written forms	42.3	45.8	31.6	46.2	14.3	14.3
Distrust	42.3	45.8	26.3	38.5	28.6	28.6
Procedures appear complicated	36.5	39.6	52.6	76.9	14.3	14.3
Lack of definition of service need as a problem	36.5	39.6	31.6	46.2	-	-
Pride	36.5	39.6	26.3	38.5	14.3	14.3
Transportation problem	36.5	39.6	21.1	30.8	14.3	14.3
Negative perceptions about service provider staff	21.2	22.9	21.1	30.8	-	-
Long waiting period for receipt of service	9.6	10.4	15.8	23.1	14.3	14.3
Newness of service	9.6	10.4	5.3	7.7	28.6	28.6
Cost of service	5.8	6.3	42.1	61.5	-	-
None/Don't know	7.7	N/A	31.6	N/A	-	N/A

Note: Columns do not total to 100% due to multiple responses.

TABLE 70: FIRST, SECOND, AND THIRD MOST CRITICAL OBSTACLES TO SERVICE UTILIZATION BY AMERICAN SAMOANS: SERVICE PROVIDER FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

OBSTACLES TO SERVICE UTILIZATION	SERVICE PROVIDER FREQUENCIES								
	CA (n = 48)* PRIORITIES			HI (n = 13)* PRIORITIES			AM.SAM. (n = 7)* PRIORITIES		
	#1	#2	#3	#1	#2	#3	#1	#2	#3
Language problem	45.8	6.3	6.3	30.8	23.1	-	-	-	-
Cultural incompatibility	14.6	16.7	8.3	38.5	38.5	15.4	28.6	-	-
Insufficient information about existence of service	12.5	12.5	12.5	15.4	-	15.4	14.3	-	-
Transportation problem	8.3	8.3	6.3	-	-	7.7	-	-	14.3
Pride	4.2	12.5	8.3	-	-	23.1	-	-	14.3
Procedures appear complicated	-	12.5	2.1	-	15.4	-	-	-	14.3
Lack of definition of service need as a problem	4.2	4.2	2.1	15.4	7.7	7.7	-	-	-
Negative perceptions about service provider staff	2.1	2.1	2.1	-	15.4	7.7	-	-	-
Written forms	-	-	12.5	-	-	15.4	-	-	-
Distrust	4.2	6.3	4.2	-	-	-	-	14.3	-
Cost of service	-	2.1	-	-	-	7.7	-	-	-
Newness of service	2.1	-	4.2	-	-	-	-	14.3	-
Long waiting period for receipt of service	2.1	-	-	-	-	-	-	14.3	-
None/Don't know	-	16.7	31.3	-	-	-	57.1	57.1	57.1

*Universe adjusted by deletion of agencies which had not encountered obstacles to service utilization.

to the government's ability to sponsor programs which would upgrade the Samoan's job skills.

TABLE 71: POTENTIAL GOVERNMENT PROGRAM UTILITY: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

CAN GOVERNMENT PROGRAMS HELP THE SAMOAN COMMUNITY?	HOUSEHOLD FREQUENCIES		
	CA (n = 204)	HI (n = 250)	Am. Sam. (n = 190)
Yes	91.7	44.0	23.7
No	0.5	5.2	8.4
Don't Know	7.8	50.8	67.9

More generally, Table 72 presents frequency distributions for household preferences among several types of corrective strategies, including government social programs, activities of Samoan organizations, family discipline and assistance, and church activities and involvement. In addition to government solutions, California respondents believed in the efficacy of Samoan organizations. Hawaii respondents were relatively equally divided in their support of all four categories. Residents of American Samoa expressed intense support for the efficacy of family actions and the involvement of the church.

TABLE 72: PREFERRED STRATEGIES FOR SAMOAN COMMUNITY PROBLEMS: HOUSEHOLD FREQUENCIES BY GEOGRAPHIC LOCATION (% OF TOTAL)

STRATEGIES	HOUSEHOLD FREQUENCIES		
	CA (n = 204)	HI (n = 250	Am. Sam. (n=190)
Government Social Programs	91.2	64.4	38.9
Samoan Organizations	80.4	58.4	N/A*
Family discipline and assistance	62.7	65.6	87.9
Church activities and involvement	61.8	56.8	81.1
Other	3.9	6.8	-

Note: Columns total more than 100% due to multiple responses

*N/A: Response category not included on questionnaire

Approximately two-thirds of the service provider agencies felt that additional services should be provided to better meet Samoan needs. California agencies named outreach efforts more frequently than any other type of activity as the service they would like to develop and/or expand. Some specifically referenced contact with churches, housing projects and with other agencies knowledgeable about the needs of the Samoan. Home visits and preventive education programs, as appropriate to the nature of the service, were also mentioned. A complementary concept, to be developed either within the agency or by a third party, was the provision of information and advocacy services to assist Samoans in identifying and utilizing existing programs. Specifically, agency respondents suggested a bilingual center or program which would provide information and referral on a comprehensive array of human service needs with which the Samoans would be concerned; assistance in completing application forms, providing necessary documentation, and interviews with service providers and other community agencies; and even such support services as transportation and child care in order to enable Samoans to visit agencies more conveniently.

The second most frequently identified service which California agencies believed to be desirable was the hiring of Samoan or Samoan bilingual staff. Most of the time the intention was simply to provide interpretor resources, including the capability to translate written materials; but there was also

the motive of gaining knowledge about responding more sensitively to the Samoan culture. Furthermore, other responses indicated a substantial degree of interest in heightening the agency and staff appreciation of the needs assessment and of developing projects and educating staff to the culture-specific needs of the Samoans. Understanding the attitudes and needs of the Samoan culture with respect to family planning was particularly cited.

The other major type of activity receiving frequent comment was the need for educational services specifically for adults: ESL, ESL combined with vocational training, and para-professional training programs in such areas as mental health, alcohol abuse counseling, and legal services. Agency respondents were concerned with developing educational and vocational programs which would enhance the qualifications of Samoans to work in human service areas specifically, as well as contribute to their job skills generally. In connection with the educational system for youth, two approaches were urged: parent education, including the involvement of parents in school activities, as, for example, classroom aides, in order to facilitate attitudes in the home environment which would support the Samoan youth; and the development of Samoan self-concept curricula and special programs, in order to enhance youth understanding of the Samoan culture. Counseling for students was also mentioned, particularly the need for

programs which enlisted older Samoan students as role models for younger students.

Hawaii agencies also cited all of the above services as those that should be developed to better serve their own clientele, with emphasis again on outreach activities and efforts of the agency to hire Samoan staff, define the needs of Samoans, conduct in-service training, and otherwise sensitize agency programs to the needs of Samoans. In addition, Hawaii providers frequently expressed interest in the undertaking of educational efforts which would provide Samoan adults with an understanding of United States culture, including language skills, the requirements of the educational system, and health concepts, specifically nutrition, personal hygiene, dental and family planning concepts.

In American Samoa, several of the agencies indicated a concern for upgrading and diversifying the staff resources available to Samoans through the hiring and in-service training of staff, possible training exchange programs with the U.S., and as related to health, the provision of specialized practitioners. Interest was also evinced in services such as transportation to provider sites, education in preventive health care, a placement service for vocational education trainees, outreach, and information and referral.

It should be noted that s rvice providers had varying perceptions as to their Samoan clients' preference for segregated treatment. Although the expressed desire of many agency respondents to hire Samoan staff implicitly supported the concept that a Samoan service worker would be welcomed and effective in the Samoan community, a few agencies said they had encountered resistance on the part of the Samoan worker, on the grounds that the Samoan worker was not as qualified or otherwise stigmatized the service delivery.

Service providers were asked what HEW specifically could do to enhance service delivery to American Samoans. The responses from California service providers indicated widespread support for HEW efforts in this area. Most frequently mentioned were programs to promote the training and hiring of Samoans in human service fields. Proposed strategies included funding for adjunct paraprofessional training programs as part of existing service delivery programs; the funding of tracked human service positions and other career development opportunities so that Samoans do not get locked into low-paying entry levels; the relaxing of certain employment criteria in order to permit utilization of Samoan healers, teachers and cou nselors; incentives such as educational grants and guaranteed placement for Samoan students opting for training in education and the social services; bilingual teaching credential programs; and intensified affirmative action for

for hiring of American Samoans, including special funds for Samoan bilingual staff.

California agencies also defined a significant role for HEW in the development, translation, and distribution of a wide range of materials written in the Samoan language and related to human services. Such Samoan-language materials encompassed both those related to utilization of services, e.g., brochures describing available services and application forms; and those of a consumer information type, familiarizing the Samoan with human service concepts and practices, as, for example, brochures about dental care and nutrition. Recommended additional subjects for such efforts on the part of HEW included informational materials related to the needs of the recently immigrated; and many possibilities for general acculturation information highlighting differences between Samoan and American attitudes, ranging from dress codes to housing standards to the dynamics of conventional teacher/student relationships. It was suggested that Samoans be involved in the development of such materials in order to maximize the sensitivity of the presentation of the material. Both informational tape recordings accessible through a telephone line and short films were also suggested. Distribution of such materials should receive special attention, to insure that the literature actually filtered down to service provider agencies.

Another highly advocated role for HEW was the provision of technical assistance to service provider agencies to assist them in familiarizing themselves with the Samoan culture. There was a significant demand for in-service training workshops and manuals instructing staff in the customs and preferences of the Samoans as they might relate to the delivery of human services. The extended family system, the spelling and pronunciation of Samoan names, and Samoan manners were all considered appropriate subjects. Additionally, several respondents favored the development of Samoan study curricula and reference materials for implementation in the schools, so that prospective human service workers would have an opportunity to acquaint themselves with the culture as part of their general educational preparation.

Complementary to the interest in cultural materials was the perceived need for assessment and diagnosis of Samoan needs for human services specifically, by program area. Provider representatives believed they would benefit from HEW research and documentation of the human service needs of Samoans. A number of agencies recommended the earmarking of HEW funds specifically for Samoan programs, including direct services, seed money for special projects, and most frequently, multi-service centers specifically oriented to the Samoan community. Such centers were perceived as particularly helpful to the recently immigrated Samoan. Several providers also sought HEW

participation in special outreach efforts to church groups and civic organizations, through the funding of outreach worker positions.

Welfare department representatives particularly emphasized the opportunities for HEW to permit greater flexibility in various program regulations in order to respond to circumstances of the typical Samoan applicant. Acceptable documentation was one major area of difficulty. Administrators of adult education programs requested flexibility on the initial enrollment quotas, arguing that classes would sell themselves even if allowed to start up with only a handful of students.

The Hawaii providers were more conservative in their support for HEW efforts with respect to Samoans, approximately one-third suggesting that such a role was inappropriate. Nevertheless, among the majority of providers, the call for both staff in-service training opportunities with respect to the Samoan culture and the propagation of Samoan language consumer information brochures, and sponsorship of programs for Samoan leaders was very popular. Other roles mentioned were support for special outreach efforts, affirmative action in hiring Samoans, support for Samoan advocacy organizations and centers, and research on the Samoan culture and community. Several agencies identified the importance of providing better educational programs in American Samoa and orientation

workshops prior to immigration in order that the recent immigrant be better informed and prepared for the acculturation challenge.

The most common plea among American Samoa providers was for additional funding, specifically for staffing, not only to hire additional persons, but also to make such positions more attractive financially in order to attract talent and to keep trained Samoans on the island. Some programs sought coordination with like programs in the U.S., to enable exchange of staff and placement of vocational education graduates in particular. Resources were also sought to finance the publication of Samoan language materials. Funding increments for health care were rationalized as necessary to offset excessive drains for treatment of "off-island" exotic diseases, reducing the resources available for more conventional programs of health care aimed at the general population. Finally, one agency called for aggressive implementation of the Omnibus Territories Act.

FOOTNOTES TO CHAPTER 4

[1]The term "cultural incompatibility" was not defined specifically for respondents (service providers and household members), so that interpretations of this residual response category may vary.

Section 5

INTERPRETATIONS AND RECOMMENDATIONS

MKGK

5. INTERPRETATIONS AND RECOMMENDATIONS

5.1 Human Service Needs

The socioeconomic and demographic data collected by this research effort clearly suggest that American Samoans residing in the United States constitute a target population which faces severe constraints in attaining an acceptable standard of living and a satisfying lifestyle. In Samoan households of California and Hawaii, families are relatively large, generally with two adults, three children, and one related individual or elderly person. Although two or more of the adults may be employed, median family incomes are slightly below those of the general population and, owing to the large family configuration, per capita incomes are quite low. The potential labor force is severely limited by inadequate educational training and inappropriate job skills; fully half of the U.S. Samoan adults do not have a high-school education. As a result, unemployment is extremely high in California (26%) and high in Hawaii (12%), as well. Furthermore, underemployment appears to permeate much of the population, since most employed adults have jobs of relatively low vocational status, although this certainly reflects the level of educational attainment and job skills characteristic of the population.

The impacts of these contextual circumstances are also greatly magnified by those factors which stem from the migrant status of the Samoan population, including problems of language fluency, cultural adaptation, and the absence of institutional constituencies integrated with traditional human service delivery systems. Fewer than one-third of the adult Samoans residing in the U.S. are fluent in the English language; this fact alone highlights the enormous difficulties faced by Samoan households in adapting to the dominant culture by, for example, finding and maintaining a job, receiving adequate health care, locating decent and sanitary housing, and so forth.

For those persons residing in American Samoa, the contextual limitations are even more severe: family and household constellations are noticeably larger, are housed in much smaller units, have significantly lower incomes, and reflect higher rates of unemployment (approaching 30%) than Samoans residing in the U.S. The availability of meaningful employment is especially limited in American Samoa, and has undoubtedly been a primary factor in the high migration rates of the past decade.

Despite the enormous constraints faced by families migrating to the U.S., it is also clear from this study that the Samoan population has many positive attributes which mitigate

the more serious negative impacts of these constraints. Ethnic cohesion remains stong among the migrant population and Samoan organizations (including churches and civic groups) have gone a long way towards assisting families in the process of cultural adaptation, perhaps to the point of serving as a replacement for the aiga in ensuring the welfare of Samoan hosueholds. In fact, for a population which faces so many constaints, there were some surprisingly positive indications of adaptation; for example, home ownership rates were found to be significantly higher than might otherwise be expected (36% California, 16% Hawaii) in the current housing market in these areas.Church membership is comparatively high, as is the prevalence of third-party health care coverage. There is no extensive functional disability among the target population, and the most serious human service needs are generally being addressed in some manner.

Perhaps the most valid indicators of human service need emanate from the perceptual data gathered during the household survey. The strength of conviction associated with these perceptual data is indicated by the extremely high frequencies of positive response, particularly on the part of Hawaii- and California- based households. For example, when asked about the most severe problems facing them, California households responded as follows: inadequate educational training (99%); unemployment/underemployment (99%); language

barriers (98.5%); lack of job skills (97.5%); and lack of understanding of the American society (94.6%). Similarly, Hawaii households indentified the following severe problems: language barriers (96%); unemployment/underemployment (92.8%); lack of job skills (92.8%); insufficient income (87.6%); and inadequate educational training (86.8%). These perceptions generally reflect, and are supported by, the socioeconomic and demographic information collected for the analysis.

In American Samoa, perceptions of major problems were quite different since migration-related issues were not of concern. Also, the frequency with which any problems were identified by respondents in Samoa were much lower than those in the U.S., perhaps reflecting a greater sense of ethnic privacy and the influence of interviewers in that location. Samoa respondents perceived their greatest problems as being: insufficient income (90%); inadequate housing (83.7%); lack of organizations (68.9%); drinking/alcoholism (68.4%); and lack of appropriate job skills (56.8%).

5.2 Human Service Resources

The survey of human service resources undertaken for this study generally focused upon HEW-funded agencies located in close proximity to concentrations of Samoan populations, and thus should not be considered as a representative sample of all human service resources. These agencies covered a broad

functional spectrum of services, including those related to education, health, social services, mental health, income maintenance and multi-service centers. Furthermore, they usually provided a full constellation of services, including outreach, referral, intake, diagnosis, and direct services delivery.

Generally, the survey results indicate that service providers have encountered substantial problems in identifying and responding to the needs of their potential Samoan clients. They are constrained by a lack of information about Samoans in general, and few have been able to conduct special assessments of need among this target population. For the most part, these agencies have relied upon their standard referral sources to inform potential clients of service availability, and none of the surveyed deliverers have a reliable estimate of the degree to which they have penetrated the Samoan population.

Although many agencies are aware of the problems facing Samoan families residing in their service area, few have modified their traditional procedures in order to better serve Samoan clients. Where such modifications have occurred, they invariably involved the acquisition of bilingual staff capability. The language barrier is widely recognized as a major impediment to services delivery, although agencies

complain of the insufficient supply of bilingual staff, as well as of inappropiate skills criteria which severely limit the availability of Samoan staff qualified for professional or paraprofessional job slots. Some in-service training of professional personnel has occurred, but generally as a consequence of the hiring of a Samoan staff person.

On the other hand, the survey uncovered a high level of receptivity among service providers to improve the delivery of human services to American Samoans. Approximately one-fifth of the agencies surveyed were generally knowledgeable about, and responsive to, the needs of their Samoan clients; nearly half of the agencies were concerned about service delivery to Samoans but either felt ignorant of their needs or stymied by a lack of programmatic resources. The remaining one-third of the agencies seemed unresponsive to the particular needs of Samoans residing in their target areas.

The greatest amount of interface between agencies and Samoan clients occurred in the program areas of health, income assistance, and education. Less involved were programs related to vocational education, alcohol and drug abuse, and mental health. At the same time, it should also be recognized that the needs analysis clearly indicated a widespread prevalence of problems related to vocational education and alcoholism, two areas which are currently the least responsive to the Samoan target population.

Assumptions regarding perceived cultural barriers to delivering human services to Samoans were generally borne out by the survey, although they were overshadowed by issues related to the lack of both information and programmatic resources. Several providers noted that traditional service delivery techniques were not as effective for Samoan populations, or that certain culturally-based characteristics of Samoans inhibited the delivery of appropriate services.

Finally, the survey results indicated that the most successful programs for delivering human services to clients were those which enlisted the support of Samoan leaders and/or advocacy groups. Given the ethnic cohesion of the Samoan population, such external interface may be an important prerequisite of successful service delivery to the Samoan population.

5.3 Effectiveness of Services Delivery

Given the potentially large demand for human services delivery, as indicated by the service needs of the Samoan population, as well as the difficulties cited by service providers in responding to the needs of their Samoan clients, one might expect the effectiveness of HEW services delivery to be quite modest. In fact, the findings of this study are mixed in terms of service delivery effectiveness, and vary significantly by program area.

With respect to income maintenance programs (such as SSI, Food Stamps, AFDC, etc.), both utilization rates and client satisfaction were quite high. In all three geographic locations, an analysis of household demographic characteristics as compared with program eligibility guidelines indicated that HEW programs had penetrated the eligible target population to a high degree, i.e., the vast majority of those persons eligible for income assistance were, in fact, receiving the services to which they were entitled. Furthermore, client satisfaction with these services was universally good.

As regards health services, the findings varied by geographic location and by provider type. California-based Samoans enjoy excellent third-party coverage for health care, and take advantage of the services offered. Although nearly half of the persons included in the survey had not visited a physician in the preceding twelve months, respondents most often noted that there had been no problems requiring a doctor's services during that period. In Hawaii, health provider utilization rates were high, particularly for those preventive health services (e.g., immunizations and physical examinations) which are most often overlooked by disadvantaged populations. Access to health providers, however, was a problem in all locations: only 16% of the Californians had a regular physician (although this reflects use of HMO providers),

as compared with three-quarters of the Hawaiians. Also, respondent perceptions of the adequacy and quality of health services delivered were more negative than for other program areas: nearly 30% of Californians receiving health care in the preceding year rated such care as "poor", although fully two-thirds reported their health care experience as "good" or "excellent." The language barrier was clearly a factor in these assessments, and in fact permeated the perceptual data with regard to all programs.

In Samoa, health service utilization was lower than in the U.S., despite the fact that these services are centralized through a single provider. Transportation facilities for ensuring ease of access was the most dominant perceived barrier to health care in Samoa.

Services related to education command a special place in the perceptions of Samoan households, especially those residing in Hawaii and California. This is not surprising given the emphasis placed on educational training in the U.S. culture, as well as the fact that, with nearly half of the persons in the survey being under the age of seventeen, the public school and its services impact on virtually all households. In fact, it is no exaggeration to note that the public school system constitutes the primary interface between the dominant U.S. culture (and its institutional framework) and the

migrant population. The five highest-ranking problems facing the Samoan community, as perceived by Hawaii and California households, could all be directly impacted through the educational service delivery system.

The concern of Samoan households with education-related issues is mirrored in their general dissatisfaction with the quality of services received. Nearly 40% of the California households judged the quality of education received by their children to be "poor" or only "fair." Although the issue of language barriers permeated the entire data base, utilization of bilingual programs was extremely low in the U.S., and the great majority of respondents had no knowledge whatsoever of the availability of such programs.

In terms of assessing the overall effectiveness of HEW services delivery, the perceptions of Samoan household regarding barriers to service utilization and the perceptions of provider agencies regarding barriers to service provision are of relevance. Barriers to service utilization generally revolved around three factors: language difficulties, cultural incompatibilities, and inadequate information regarding service availability. Language difficulties were widespread and assigned high priority by both Samoan households and service providers. This issue was so pervasive as to strongly suggest that the greatest leverage for impacting HEW services delivery

is to be found in ameliorating extant language barriers. In fact, one could reasonably postulate a direct positive impact on all perceived barriers to utilization (including cultural incompatibilities and inadequate service information) by simply focusing on the language issue.

Perceptions of service providers regarding barriers to service delivery varied by site. In California, providers focused on a lack of funds, inadequate knowledge of the Samoan culture, and on the lack of qualified bilingual staff. In American Samoa, the lack of funds was a recurrent theme in the perceptions of providers, while service deliverers in Hawaii generally reported that such barriers did not exist.

In conclusion, judgements regarding the effectiveness of HEW program delivery to American Samoans are quite mixed, although it seems clear that a variety of constraints are limiting the interface between a comprehensive, albeit decentralized, human service delivery system and this target population. Impacting these constraints should be the primary focus of future HEW efforts to improve services delivery to American Samoans.

5.4 Recommendations

The purpose of this section is to outline recommendations for HEW actions which will enhance the delivery of human services to American Samoans. The basic strategy implied in these recommended actions involves strengthening the interface between the service delivery system and the target population, rather than a major restructuring of policies, programs, or delivery modes. Therefore, these recommendations generally involve: (1) encouraging the continued development and stabilization of Samoan advocacy groups and organizations; (2) improving the accessibility of human service delivery systems to American Samoans; (3) removing barriers to services delivery and client utilization; or (4) increasing funding or altering administrative regulations for specific programs.

1. HEW should sponsor the development and distribution of bilingual materials for American Samoans

Previous research studies and this assessment have clearly indicated that lack of knowledge and information regarding the availability of various human services is a major deterrent to client utilization. Bilingual materials for distribution through Samoan organizations, service deliverers, and other community agencies could directly impact the language barrier by providing:

- general brochures of consumer information such as nutritional concepts, dental care, etc.,

- a guide to local service providers, arranged by generic program categories, with brief descriptions of services offered;
- bilingual application forms and eligibility requirements for major federal programs in human services delivery; and
- general acculturation materials, such as those regarding the need for birth and immigration records, health care concepts and procedures, etc.

Such materials could be prepared in various forms, i.e., brochures, films, tapes, and could be developed with the assistance of local Samoan organizations to ensure culutral compatibility. Completed materials could then be distributed through service deliverers located in close proximity to concentrations of Samoan populations, Samoan organizations and advocacy groups, and existing government agencies.

HEW might also consider the development of informational materials designed for persons planning to migrate from Samoa to the U.S. These materials would include information on services designed for recent migrants and on Samoan organizations which can provide assistance. However, the Samoa survey results suggest that migration rates may have peaked, since fewer than 1% of the respondents in American Samoa reported plans to move to the U.S., so such materials may be of limited utility.

2. HEW should expand Samoan bilingual education programs at elementary, secondary, and adult levels

The language barrier issue repeatedly surfaced from the analysis as a major deterrent to service utilization and cultural adaptation. Few programs for Samoan bilingual education exist, and there is widespread lack of knowledge concerning these among the Samoan population. Therefore, HEW funding for Samoan bilingual education should be increased, and programs should be developed through the public school systems in areas of concentrated Samoan populations, especially in Honolulu, San Francisco, and Los Angeles. Also, it may be necessary to relax administrative regulations for bilingual pilot projects to permit lower pupil thresholds for program initiation.

Expansion of bilingual education programs must, however, be accompanied by the implementation of a major outreach program designed to inform Samoan families of the availability of these opportunities. Such outreach efforts should be coordinated through existing Samoan organizations, since they provide the most direct and comprehensive linkage to the Samoan community.

3. HEW should offer a variety of incentives for Samoans to enter the human service field

Virtually all service providers who were attempting to respond to the needs of their Samoan constituencies noted the

lack of qualified Samoan staff as a major barrier to services delivery. Many providers have had to bend hiring parameters and job descriptions to acquire bilingual staff capability, although these short-term steps will not increase the supply of qualified personnel. To this end, HEW should consider the creation of paraprofessional training programs and funding of paraprofessional job slots in larger agencies located in areas of Samoan concentrations. Also, HEW should establish a job tracking system for paraprofessional positions, perhaps through Samoan organizations, to ensure a continued supply of information regarding career development opportunities for Samoans in human service fields. The Office of Samoan Affairs in California has developed a job tracking capability, although it seems clear that this effort needs to be substantially expanded to impact on the shortage of qualified bilingual staff.

Other, more indirect, methods for encouraging Samoans to enter human service fields might also be considered, such as: the development of scholarship, loan, and/or grant programs for Samoan students in universities and community colleges; the provision of bonus pay for Samoan bilingual capability; and the development of exchange programs between the Community College of American Samoa and U.S. colleges for students in human service fields.

4. HEW should provide incentives for service agencies to recruit, train, and hire Samoans for professional and paraprofessional positions.

As another mechanism for increasing the availability of qualified Samoan staff, HEW should consider the provision of direct incentives for human service agencies to recruit, hire, and train Samoans for both professional and paraprofessional job slots. Such incentives would be most effective in the form of increased funding for Samoan staff positions, particularly in the functional areas of outreach and intake. However, it should be noted that direct agency incentives must be accompanied by activities designed to increase the supply of Samoans entering the human service fields (as detailed in 3, above) in order to provide maximum impact.

5. HEW should encourage the expansion of services delivery to American Samoans for vocational education and alcohol treatment programs.

These two program areas -- vocational education and alcohol treatment -- demonstrated the greatest gap between service needs and availability. Despite the social stigma associated with alcoholism and the general reticence of Samoan respondents to discuss such problems, the issue of alcohol abuse and alcoholism was perceived by Samoan households to be a major problem in their community. Criminal justice statistics (primarily in Hawaii) also verify the fact that alcohol abuse is a problem among Samoans, although deliverers providing

alcohol treatment services have made few accomodations to the needs of potential Samoan clients, and there is widespread lack of knowledge among the target population regarding the availability of such programs. Therefore, HEW should identify alcohol and drug treament programs located in areas of concentrated Samoan populations and provide them technical assistance in enhancing services delivery to American Samoans. Such assistance might include the development of outreach programs designed to penetrate the Samoan population, provision of translation capability for developing bilingual informational materials, conducting workshops for professional staff on the Samoan culture, and initiating contact with Samoan organizations to foster continued enhancement of services delivery to this target population.

Similarly, an overwhelming need for vocational education programs was evident from the analysis, although those agencies providing such services have not taken steps to respond to the needs of their Samoan clientele. The need is of such great magnitude, however, that direct and indirect technical assistance may not be sufficient, so that HEW should consider increased funding for the development and implementation of vocational education programs for Samoans.

6. HEW should sponsor information exchange workshops for service providers and Samoan organizations.

The extent to which agencies had an understanding of, and experience with, the Samoan culture varied widely, even within the same program or geographic area. We found widespread support among service deliverers for the establishment of workshops for service providers to discuss issues pertinent to the delivery of human services to American Samoans, such as information about the Samoan culutre, human service needs, barriers to service utilization, etc. Through such workshops, those agencies having experience with services delivery to American Samoans could share their knowledge with less experienced providers.

A series of workshops might be initiated through the joint sponsorship of HEW and a Samoan organization on a pilot basis. Based upon a review of the results, the participation and perceptions of agency representatives, and the demand for additional information, the workshop demonstration might then be expanded to other geographic and/or program areas and continued on an on-going basis.

7. HEW should provide funding for the establishment of workshops for recent migrants

A large portion of the Samoan population residing in the U.S. consists of persons migrating in the past two years, and this group encounters the greatest problems in cultural

adaptation. We believe HEW should consider funding Samoan organizations to develop and implement a pilot workshop program for recent migrants to provide bilingual information regarding a wide variety of topics, including:

- general features of the U.S. culture;
- human service programs and agencies;
- obtaining health care and using third-party coverage;
- locating and enrolling in the public schools;
- bilingual education opportunities;
- how to locate and obtain housing;
- job training and vocational education opportunities;
- etc.

Established Samoans -- including businessmen, service workers, and organization representatives -- could be invited to speak on specific topics, and the workshops could be conducted during evening hours or on weekend to minimize job-related conflicts. If the pilot program was well-received and a continued demand was evident, the workshops could be expanded and provided on a continuing basis.

8. HEW should encourage the establishment of Samoan advocacy groups and expand funding to existing organizations

Samoan organizations provide the most direct and efficient access to the Samoan community, and the efforts of these organizations have clearly been effective in addressing the human service related problems of the Samoan population.

Samoan households report high rates of participation in such organizations, and they have developed the most comprehensive listings of Samoan households available.

The Office of Samoan Affairs of California is an example of a Samoan advocacy group which has developed a broad-based constituency to provide a variety of assistance services on limited funding. Federal support of the Office of Samoan Affairs should be increased, and HEW should encourage the establishment of a similar organization in Hawaii (perhaps through the Task Force convened for this project).

Many of the recommendations detailed in this report involve, and indeed may require, the participation of Samoan organizations. Their input would be valuable for all activities designed to enhance services delivery to American Samoans, but appear to be especially useful in conducting needs assessments, convening workshops, and developing bilingual materials.

Section 6

APPENDICES

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APPENDIX A

Review Comments by the
National Office of Samoan Affairs

National Office Of Samoan Affairs, Inc.

Pat Luce/Aoelua
Executive Director

December 27, 1979

Mr. Wayne Wilson
Director of Planning & Evaluation
50 United Nations Plaza
San Francisco, California 94102

Dear Mr. Wilson:

The National Office of Samoan Affairs, Inc., appreciates the opportunity to review the draft final report, "Assessment of HEW Services Delivery to American Samoans."

The report represents a major first step by the DHEW to analyze the effectiveness of its programs for the delivery of human services to American Samoans residing in California, Hawaii, and American Samoa. We have reviewed the draft and offer the following comments for attachment to the final report.

Effectiveness of human service delivery:

In our opinion, some of the data described in this section of the report is ambiguous and results in part from the inaccurate identification of the Samoan population receiving services. Input from subcontractors, such as the National Office of Samoan Affairs, would have improved this section of the report.

OSA has for the past three years, and with very limited funds, provided direct service and interface between agencies and Pacific Islanders in each of our area offices, particularly in the fields of employment, education, information, referral, and translation services.

Based on our past experiences with service providers and California's Pacific Islanders, we would have been able to identify and advise on the problems of collecting and interpreting data relating to the utility of human service programs by the Samoan community. A proper evaluation of human service delivery must depend on multiple sources of data and it is unfortunate that the National Office of Samoan Affairs and other Samoan organizations were not consulted for this portion of the report.

Some of the evaluative domains of human service delivery which we would have identified, and which are absent or not fully described in this study include:

a) information on the amount and distribution of agency resources; income and expenditures; allocation of staff; total number of clients served, ethnic breakdown of clients, and proportion of Samoan clients;

b) information on internal management and performance of service agencies;

c) comparison between extent of problem for each service category with HEW program services (Table 25) to provide a <u>total</u> assessment of the latter; (Discussion of Samoan participation is limited to health and education services.)

d) discussion of new and emerging problems such as alcoholism, drub abuse, and ethnic group conflict and how agencies propose to meet these problems;

e) enumeration of specific examples of cultural, linguistic, geographical, and psychological barriers to service accessibility;

f) measuring the adequacy of service programs by comparing service efforts with community needs;

g) measurement of program continuity and how one service coordinates with another. (In our experience, many Samoans seeking service have multiple service needs.)

We realize that some of the domains listed above were purposely omitted from the study, but we are identifying them as areas for future research.

Cultural barriers:

The report makes some generalizations about Samoan culture as a barrier to the utilization of human service programs. For instance, in the introduction Samoans are regarded as a communally-oriented group lacking in personal achievement in comparison to Asian Americans. Later, (p. 165), the report states in part: "Assumptions regarding cultural barriers to delivering services to American Samoans were generally borne out by the survey...several providers noted that traditional service delivery techniques were not as effective for Samoan populations, or that certain culturally-base characteristics of Samoans inhibited the delivery of appropriate services".

The report concludes several pages later (p. 168): "Barriers to service utilization generally revolved around three factors: language difficulties, cultural incompatibilities, and inadequate information regarding service availability." As one of the three most important barriers to service utilization "cultural incompatibilities" is not clearly defined nor is there any attempt to enumerate specific examples of Samoan cultural barriers and their relationship to other barriers such as socio-economic, geographical, psychological and discrimination by the dominant culture.

Recommendations

Recommendations for enhancing the delivery of human services to American Samoans stem from an assessment of HEW services delivery. However, because of the shortcoming in your design for evaluation and assessment described above, some of the recommendations you propose will require further clarification and modification.

For instance, a complete internal assessment of HEW service providers and service delivery may show that a major restructuring of HEW policies, programs, and delivery modes is required. Thus, in addition to your recommendation that the interface between the service delivery systems and the target population be strengthened a major restructing of HEW policies and programs may be in order.

In conclusion, we wish to commend you for a timely study, and in particular for the skillful analysis of human service needs of the Samoan population.

Sincerely,

Pat H. Luce-Aoelua, Exec. Director

PHLA/pt

cc: Kent Meek
Marshall Kaplan, Gans & Kahn

APPENDIX B

Sample of Service Providers

APPENDIX
HUMAN SERVICE AGENCY SAMPLE

CALIFORNIA

1. Social Security Administration (Daly City)
2. University of San Francisco
   Upward Bound Program
3. San Francisco County Welfare
   AFDC Income Maintenance
4. San Francisco County Welfare
   Family and Child Services
5. San Francisco Unified Schools
   Special Programs - Bilingual Education
6. Santa Clara County (San Jose)
   Department of Social Services
7. Bayview - Hunter's Point Senior Center (San Francisco)
8. East Central Region (Santa Ana)
   Orange County Mental Health Services
9. Harbor Health Center (San Pedro)
   Los Angeles County Community Health Services
10. Wilmington Free Clinic
11. West District (Garden Grove Office, City of Westminster)
    Department of Social Services, Orange County
12. Orange County CDC, Inc. Community Alcohol Services
    (Santa Ana)
13. Banning High School (Santa Ana)
14. TLC - Jerome Site (Santa Ana)
15. Normont Elementary School
16. Social Security Administration (San Pedro)
17. Santa Ana Valley High School
18. Los Angeles County (El Monte)
    Department of Social Services

CALIFORNIA (continued)

19. UCLA Downtown Center of Ed. Opportunity
20. Compton DPSS
21. Asian American Drug Abuse (Los Angeles)
22. Nutrition Program for Elderly (Compton)
23. Adult Education - Compton Unified School
24. Harbor General Hospital - Women's Health Center (Torrance)
25. Neighborhood Youth Association (Carson)
26. Carson High School
27. Compton Project Head Start
28. Social Security Administration (Torrance)
29. Adult Education Program (San Jose)
30. Project Head Start (San Jose)
31. Evergreen Junior College (San Jose)
    Learning Assistance Program
32. Orange County Health Department (Santa Ana)
33. South East Ambulatory Health Clinic (San Francisco)
34. San Mateo City Schools
35. Head Start Program (San Francisco)
36. Guadelope Health Center (Daly City)
37. Social Security Administration (San Jose)
38. Santa Clara Health Department (San Jose)
    East Valley Health Service
39. Oakland Technical High School
40. San Francisco Unified School District
    Balboa High School
41. San Francisco Bay Area Asian-American C.M.H. Training Program
42. San Mateo County Welfare (Daly City)

CALIFORNIA (Continued)

43. San Francisco Community College
Bayview Hunters Point Skill Center

44. Visitation Valley Community Mental Health (San Francisco)
Department of Public Health

45. East Valley Mental Health Center (San Jose)

46. Commissioner of Aging (San Jose)
Story Road Nutrition Center

47. Alum Rock Unified School District (San Jose)
Bilingual Center

48. Harbor College (Wilmington)

49. University of California, Irvine
Medical Center

50. University of California, Irvine (Santa Ana)
Community Clinic

51. Child Protective Services, DPSS (Santa Ana)

52. Head Start of Council for Better Education (Santa Ana)

HAWAII

53. Medicaid Program Supervisor

54. Farrington High School

55. Kalihi Parent and Child Center

56. Kalihi-Palama Walk-In Clinic

57. Kalihi-Palama Education Center

58. Kalihi Elementary School

59. Maternal and Child Health Branch
State Department of Health, Hawaii

60. Public Health Nursing Office, Pearl City

61. Windward Nursing Office
Windward Comprehensive Health Center

62. Haliewa Areawide Horizons (Senior Center)

63. Kalihi Palama Mental Health Center, Honolulu

64. Kalihi Palama Mental Health Center

65. Family Services Center

66. State Dpeartment of Health
Office of Family Planning

67. Department of Social Services and Housing
Public Welfare Division
Income Maintenance

68. Oahu Branch, Public Welfare Division
Department of Social Services & Housing

69. Kahua-Kalihi Valley Comprehensive
Family Services Center

70. University of Hawaii Trio Project - Upward Bound

71. University of Hawaii Trio Project - Social Services

AMERICAN SAMOA

71. Department of Health (Samoa)

72. Maternal & Child, Department of Health (Samoa)

73. Department of Health, Pago Pago
Alcoholism

74. Bilingual Education, Department of Education
Pago Pago

75. Head Start Program, Samoa

76. Department of Education, Pago Pago
Vocational Educational Programs

77. Department of Aging, Pago Pago